DOCUMENT RESUME

ED 126 655 EC 090 722

TITLE	Child Abuse Prevention: Hearing Before the Subcommittee on Labor, Social Services, and the International Community of the Committee on the District of Columbia, House of Representatives, 93rd Congress, Second Session on H.R. 15779 and H.R. 15918 to Establish an Agency for the Prevention of Child Abuse in the District of Columbia.
INSTITUTION	Congress of the U.S., Washington, D.C. House Committee on the District of Columbia.
PUB DATE	74
NOTE	161p.; Not available in hard copy due to small print of original copy
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Agencies; *Child Abuse; Exceptional Child Services; Federal Aid; *Federal Legislation; *Prevention
IDENTIFIERS	*District of Columbia

ABSTRACT

Presented is the text of the hearing held in Aug 1974 on two house bills (H.R. 15779 and H.R. 15918) to establish an agency for the prevention of child abuse in the District of Columbia. Included are the full texts of the two bills and statements by persons representing such groups as the Children's Hospital National Medical Center, the Community Task Force on Child Welfare Reform, the Juvenile Justice Clinic of the Georgetown University Law Center, the government of the District of Columbia, and the National Center for the Prevention and Treatment of Child Abuse and Neglect. Material submitted for the record includes "Adoption -- Parental Rights", a legal opinion; examples of children in jeopardy known to the Washington Travelers Aid in 1973; and "Guidelines for Early Recognition of Neglecting, Battering Families". An index provides a summary of the testimony under such categories as abuse determination, alternative solutions, amendments proposed, a central registry, enforcement, financing, protective services, and reporting requirements. (DB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED126655

CHILD ABUSE PREVENTION

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

HEARING

BEFORE THE

SUBCOMMITTEE ON LABOR, SOCIAL SERVICES, AND THE INTERNATIONAL COMMUNITY

OF THE

COMMITTEE ON THE DISTRICT OF COLUMBIA HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

SECOND SESSION

ON

H.R. 15779 and H.R. 15918

TO ESTABLISH AN AGENCY FOR THE PREVENTION OF CHILD ABUSE IN THE DISTRICT OF COLUMBIA

AUGUST 14, 1974

Serial No. 93-37

Printed for the use of the
Committee on the District of Columbia

U.S. GOVERNMENT PRINTING OFFICE
40-331 WASHINGTON : 1974

EC090722

COMMITTEE ON THE DISTRICT OF COLUMBIA

CHARLES C. DIGGS, Jr., Michigan, *Chairman*

DONALD M. FRASER, Minnesota
W. S. (BILL) STUCKEY, Jr., Georgia
RONALD V. DELLUMS, California
THOMAS M. REES, California
BROCK ADAMS, Washington
WALTER E. FAUNTROY,
District of Columbia
JAMES J. HOWARD, New Jersey
JAMES R. MANN, South Carolina
ROMANO L. MAZZOLI, Kentucky
LES ASPIN, Wisconsin
CHARLES B. RANGEL, New York
JOHN BRECKINRIDGE, Kentucky
FORTNEY H. (PETE) STARK, California

ANCHER NELSEN, Minnesota
WILLIAM H. HARSHA, Ohio
JOEL T. BROYHILL, Virginia
GILBERT GUDE, Maryland
HENRY P. SMITH III, New York
EARL F. LANDGREBE, Indiana
STEWART B. McKINNEY, Connecticut
E. G. SHUSTER, Pennsylvania
ROBIN L. BEARD, Tennessee
CLAIR W. BURGENER, California

ROBERT B. WASHINGTON, JR., *Chief Counsel*

JAMES T. CLARK, *Legislative Counsel*
RUBY G. MARTIN, *Associate Counsel*
DALE MACIVER, *Assistant Counsel*
DANIEL M. FREEMAN, *Assistant Counsel*
YVONNE CHAPPELL, *Professional Staff*
WILBUR HUGHES, *Professional Staff*
LINDA L. SMITH, *Professional Staff*
JACQUELINE WELLS, *Professional Staff*
MARIA L. OTERO, *Office Administrator*

DOROTHY E. QUARKER, *Senior Consultant*
DR. ALVIN D. LOVING, SR., *Special Consultant*

JOHN E. HOGAN, *Minority Counsel*
LEONARD O. HILDER, *Professional Staff*
RALPH E. ULMER, *Professional Staff*

SUBCOMMITTEE ON LABOR, SOCIAL SERVICES, AND THE INTERNATIONAL COMMUNITY

ROMANO L. MAZZOLI, Kentucky, *Chairman*

DONALD M. FRASER, Minnesota
W. S. (BILL) STUCKEY, Jr., Georgia
CHARLES B. RANGEL, New York
FORTNEY H. (PETE) STARK, California

GILBERT GUDE, Maryland
HENRY P. SMITH III, New York
ROBIN L. BEARD, Tennessee

KAREN E. FLEISCHER, *Subcommittee Staff Consultant*

(II)

CONTENTS

	Page
H.R. 15779, by Messrs. Stark, Stuckey, and Fraser (to establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes)	2
Section-by-Section Analysis of H.R. 15779	6
H.R. 15918, by Mr. Fraser (to establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes)	8
Section-by-Section Analysis of H.R. 15918	14

STATEMENTS

Children's Hospital National Medical Center:	
Green, Dr. Frederick C	32, 45
Heiser, Annette, M.D.	32, 45
Steele, Barbara, MSW	43, 45
Fraser, Hon. Donald M	15, 19
Galdi, Ms. Martha, Representative, Community Task Force on Child Welfare Reform	102
Law Center, Juvenile Justice Clinic: Georgetown University	
Areen, Judy, Director	82
Myiniec, Wallace, Co-Director	82
Government of the District of Columbia:	
Gill, Vernon, General Counsel, Metropolitan Police Department	61
Huhn, Ms. Nan, Assistant Corporation Counsel	61
Yeldell, Joseph P., Director, Department of Human Resources	61
Lunsford, William G., Director, Washington Office, Child Welfare League of America	136
National Center for the Prevention and Treatment of Child Abuse and Neglect, Brian Fraser, staff attorney	82, 86
Riley, Ms. E. Anne, president, Metropolitan Washington Chapter, National Association of Social Workers	102
Stark, Hon. Fortney, H	21
Stein, Ms. Mary Ann, attorney, For Love of Children, Inc	102
Stuckey, Hon. W. S. Stuckey, Jr	29

MATERIAL SUBMITTED FOR THE RECORD

"Adoption—Parental Rights," opinion by Judge Ketcham, Daily Washington Law Reporter	25
Chabon, Robert, M.D., president/medical director, Happy Hills Hospital, letter to Subcommittee on Business, Commerce, and Taxation, dated August 12, 1974	145
Coleman, Allan B., M.D., D.C. Chapter, American Academy of Pediatrics, letter to Congressman Mazzoli, dated August 9, 1974	140
Draft Bill—To Establish an Agency for the Prevention of Child Abuse in the District of Columbia, and for Other Purposes	110
Examples of Children in Jeopardy Known to Washington Travelers Aid in 1973	133
FitzGerald, Joan E., Children's Defense Fund of the Washington Research Project, Inc., letter to Chairman Mazzoli, dated July 22, 1974	134
Green, Frederick C., M.D., associate director, Children's Hospital, National Medical Center, letter to subcommittee, dated September 6, 1974	148

Page

Greene, Hon. Harold H., Chief Judge, District of Columbia Superoir Court, statement ---- 141
Gruver, Clifton R., M.D., president, The Medical Society of the District of Columbia, statement ---- 144
Guidelines for Early Recognition of Neglecting, Battering Families, excerpt from "Toward Prevention of Child Abuse," by Marion G. Morris, Robert W. Gould, and Patricia J. Matthews ---- 152
Hiatt, Miss Catherine C., ACSW, executive director, The Travelers Aid Society of Washington, D.C., letter to Chairman Mazzoli, dated July 24, 1974 ---- 133
Heiser-Ficker, Dr. Annette and Mrs. Barbara Steele, MSW, the Child Abuse Team, Children's Hospital, National Medical Center, supplemental statement ---- 151
Joint Statement of:
Gaughan, Dennis M., Social Services Institute ---- 127
Hutchinson, Janet, R., Council on Adoptable Children, Inc., of Metropolitan Washington, D.C. ---- 127
Ketcham, Hon. Orman E., Superior Court of the District of Columbia, letter to Chairman Mazzoli, dated September 13, 1974 ---- 150
Lundsford, William G., director, Washington office, Child Welfare League of America, statement ---- 136
Schroeder, Hon. Patricia, letter submitted by Congressman Stark ---- 28
Simons, William H., president, Washington Teachers' Union, Local No. 6, AFT, letter to Subcommittee, dated August 14, 1974 ---- 146
Spurlock, Mrs. Ruth E., ACSW, director of program service, The Travelers Aid Society of Washington, D.C., Inc., letter to Chairman Mazzoli, dated August 28, 1974 ---- 147
Theban, John G., executive director, Family and Child Services of Washington, D.C., letter to Chairman Mazzoli, dated July 22, 1974 ---- 134
Weinberger, Hon. Caspar W., Secretary, Department of Health, Education, and Welfare, letter to Chairman Mazzoli, dated September 19, 1974 ---- 153

SUMMARY OF TESTIMONY

Abuse Determination ---- 142
Administration of Plan ---- 75
Alternative Solutions ---- 48
Amendments Proposed:
Children's Hospital ---- 49, 51
Child Welfare League of America ---- 138–140
District government ---- 71
Fraser, Brian ---- 83–85
Goldi, Martha ---- 109
Georgetown Law Center ---- 91
Riley, Anne ---- 104
Approve H.R. 15779 ---- 51
Cases ---- 69, 74, 83, 98
Center for Prevention and Treatment ---- 107
Central Registry ---- 84, 105, 116
Child abuse case ---- 58
Child abuse indicators ---- 73
Child abuse in Washington ---- 103
Child abuse problem ---- 46
Child abuse victims ---- 29
Child adoption ---- 90
Child center ---- 90
Comprehensive child abuse plan ---- 65
Comprehensive child care plan ---- 63
Council action ---- 67
Court action ---- 84
Data collection system ---- 125
Doctors ---- 120
Doctors' role ---- 78
Ends of abuse ---- 54
Enforcement ---- 67
Evidence of abuse ---- 54

	Page
Examinations of custodians	20
Examination requirement	79
Federal Child Abuse Prevention and Treatment Act	20
Financing	54, 74, 126
Foster Care	106
Further amendments proposed	85
Guardian ad litem	92
Hot lines	96
Independent agency questioned	108
Investigation and treatment	105
Investigation responsibility	20
Mandatory examination	81
Need for legislation	47, 93, 119
Oppose a new agency	62
Parent representation	57
Parental termination	95
Present law deficiency	19
Present system	45
Prevention of abuse	61
Professionals	123
Protective service	62, 83, 106, 119
Reporting	120
Reporting immunity	60, 68
Reporting requirements	53, 54, 55, 66, 68, 77, 95
Residence requirements for professionals	56
Responsibility	47, 55
Siblings	118
Sibling statute	93
Social services required	89
Support H.R. 15918	51, 82
Support of local authority	56

H.R. 15779 AND H.R. 15918

WEDNESDAY, AUGUST 14, 1974

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON LABOR, SOCIAL SERVICES
AND THE INTERNATIONAL COMMUNITY
OF THE COMMITTEE ON THE DISTRICT OF COLUMBIA,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9 a.m., in room 1310, Longworth House Office Building, Hon. Romano L. Mazzoli presiding.

Present: Representatives Mazzoli (presiding), Fraser, Stark, and Gude.

Also present: James T. Clark, Legislative Counsel; Karen E. Fleischer, Subcommittee Staff Consultant; John Hogan, Minority Counsel; Leonard O. Hilder and Ralph Ulmer, Professional Staff; David Julyan, Congressman Stark's Counsel.

Mr. MAZZOLI. The subcommittee will please come to order.

Ladies and gentlemen, we have two bills before us this morning, H.R. 15779 and H.R. 15918, both of which are sponsored by members of our subcommittee. Congressman Fraser and Congressman Stark are with us this morning.

These bills seek to remedy the problem, the serious problem of child abuse and child neglect within the District of Columbia.

The bills are similar. Each establishes a center for treating the victims of child abuse as well as the perpetrators of it. In addition, the abuse reporting requirements, which now are applicable only to physicians, are expanded to include other medical personnel and professional child care workers.

The bills also establish clearer standards for the judicial termination of parental rights in serious cases of neglect and abuse.

There will be several questions asked this morning. In addition, many of the statements that have been submitted to us bring up certain inquiries with respect to the details of the bills.

Perhaps we will get answers to those questions this morning. Perhaps answers will come in written statements which will be open for the file in the weeks ahead.

I have some doubt as to whether there is time left in the 93d Congress to see passage of a D.C. Child Abuse bill.

And I also have some personal reservations, as we are on the threshold of Home Rule, as to whether we should take the initiative. It seems to me more logical that we permit locally elected officials to take their opportunities to establish priorities in the months ahead, starting in January.

Nonetheless, the questions we ask today, the people we hear from, the information we develop is certainly going to be important because

it does enable those local elected officials, or allow the 93d Congress, however the case might be, to proceed with the best possible evidence on the whole question of child neglect and abuse and the termination of parental rights.

The bills H.R. 15779 and H.R. 7918, together with staff section-by-section analyses thereof, follow:]

[H.R. 15779, 93d Cong., 2d sess. by Messrs. Stark, Stuckey and Fraser on July 2, 1974]

A BILL To establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) it is the purpose of this Act to provide for the protection of abused and neglected children in the District of Columbia, by requiring medical personnel and other persons involved in child care in the District of Columbia who become aware of cases of child abuse or neglect to report such cases in accordance with the provisions of this Act, thereby causing a coordinated and cooperative effort of all public and private resources in the District of Columbia to be brought to bear to protect the health, safety, and welfare of the child concerned, to prevent further abuse, and whenever possible, to preserve the existing family unit of the child.

(b) It is recognized that children have rights, both legal and moral, and that when those rights come into conflict with action taken by their parents or caretakers those rights must be protected. Responsibility for coordinating efforts to protect and maintain children's rights and welfare shall reside with the Commissioner of the District of Columbia who shall exercise such responsibility through the Center for the Prevention of Child Abuse, established by this Act.

TITLE I—CHILD ABUSE PREVENTION

SEC. 101. (a) There is established as an independent agency of the government of the District of Columbia a Center for the Prevention of Child Abuse (hereinafter in this Act referred to as the "Center") which shall have as its head a full-time Director who shall be appointed by the Commissioner of the District of Columbia (hereinafter in this Act referred to as the "Commissioner"). The Director shall administer the Center and coordinate other public and private resources available in the District of Columbia for the protection of abused or neglected children. Such resources shall include the services of the District of Columbia Department of Human Resources, the District of Columbia court system, the Metropolitan Police Force, hospitals and clinics located in the District of Columbia, and individuals and organizations with knowledge and expertise in the area of child care and family support programs whom the Director considers useful to the performance of his duties and responsibilities under this Act. The Director shall establish, develop, and maintain a supportive program for families in the District of Columbia with child abuse or neglect problems who are referred to the Center by the courts or other governmental agencies, or who voluntarily request treatment or counseling so as to prevent and eliminate the causes and effects of child abuse and neglect. In addition, the Director shall coordinate efforts and when appropriate contract with other agencies, groups, or individuals, for specific services or resources so as to have available the services and resources necessary to accomplish the purposes of this Act.

(b) The Director shall establish and maintain training and informational programs relating to the prevention and elimination of child abuse and neglect for employees of the Center and for employees of any public or private agency which has entered into a contract with the Center. The Director shall establish and maintain informational and educational programs for the community in general to assist and encourage reporting, treating, and preventing child abuse and neglect.

(c) Each year the Director shall file with the Commissioner and the District of Columbia Council a report on the Center's activities during the previous year. Such report shall also include recommendations for improving the prevention and treatment of child abuse and neglect in the District of Columbia.

(d)(1) The Center shall be staffed by personnel trained to identify, treat, and prevent child abuse and neglect and who are familiar with the resources available in the District of Columbia which might assist in the protection of

children and the prevention and elimination of the causes of child abuse and neglect.

(2) The Director shall establish, develop, and maintain, as a part of the Center, at least one full-time multidisciplinary team of experts. Each team shall include (A) a pediatrician, (B) a psychiatrist or psychologist, (C) a social worker with expertise in the areas of child welfare and family counseling, and (D) an attorney. Each multidisciplinary team may include additional persons, not employees of the Center, as the Director may deem necessary, on a case by case basis, whose involvement and inclusion would be helpful for the protection of the child involved in such case. The Director may employ personnel, accept volunteers, or contract for additional services, in order to organize and maintain additional multidisciplinary teams so that the teams may efficiently and expeditiously investigate and treat the cases of child abuse or neglect brought to the attention of the Center.

(3) It shall be the primary responsibility of the pediatrician team member to ensure that proper treatment for the physical condition of an abused or neglected child is provided to such child. It shall be the primary responsibility of the psychiatrist or psychologist team member to ensure that an abused or neglected child and the members of his family are provided the psychiatric counseling necessary for the protection of the child and the elimination of the causes of abuse or neglect. It shall be the primary responsibility of the social worker team member to ensure that, working with an abused or neglected child and his family, a home environment conducive to the safe physical, mental, and emotional development of the child can be fostered.

(e) The Director shall establish and maintain an Office of General Counsel for the Center, staffed by one or more attorneys, to provide legal counsel to the multidisciplinary teams and other staff members of the Center on all matters in which the Center may become involved, and to research legal aspects of child abuse and neglect cases. Attorneys employed by the Center may not represent parents or children in any legal proceeding in which the Center may be interested or involved.

(f) In addition to persons referred by other agencies of the government of the District of Columbia, and persons referred to it by certain medical personnel and other persons, the Center shall also investigate and treat parents, family members, and children coming to the Center voluntarily for treatment or counseling in matters relating to child abuse or neglect. In treating such parents, family members, or children, the Director shall take specific action to assure that the individual rights of all persons involved are fully protected.

SEC. 102. (a) The Director shall develop and maintain a confidential central registry of all cases of alleged child abuse or neglect reported to him under the provisions of title II, or under section 101(c), and shall coordinate and cooperate with State and local agencies in the development of regional and national registers of cases of alleged child abuse or neglect. The confidential central registry developed by the Director shall be maintained on a 24-hour basis, and the Director shall establish procedures to ensure the accuracy of information filed in such registry, and for restricting access to such registry to the attorney or parents of a child with respect to whom an alleged instance of child abuse or neglect has been filed, medical personnel investigating child abuse or neglect, members of the Metropolitan Police force, the Corporation Counsel of the District of Columbia, and persons employed by the Center. The Director shall also maintain a record of each instance where information from the central registry is released showing the date of such release, and the purpose for which, and the person to whom, such data was released. Data shall not be transmitted from the central registry to other jurisdictions without the consent of the persons concerned and unless the receiving jurisdiction has comparable safeguards on the use and dissemination of such data.

(b) Unless an investigation of a report conducted pursuant to this Act determines there is some credible evidence of alleged abuse or neglect, all information identifying the subject of the report shall be expunged from the central registry forthwith. The decision to expunge the record shall be made by the Director based upon the investigation made by the Center.

(c) After a child, who is the subject of a report in the central registry, reaches the age of 18 years, the report in the central registry relating to that child shall be sealed, except access to that child's report shall be permitted if a sibling or offspring of such child is a suspected victim of child abuse or neglect. The amount of such detail shall depend upon the source of the report and shall be

established by regulations of the Director. In all other cases, the record of the reports to the central registry shall be sealed at no later than 10 years after the subject child's 18th birthday. Once sealed, the record shall not otherwise be available, unless the Director upon receiving the consent from the subject of the report, gives his personal approval for an appropriate reason. In any case, and at any time, the Director may amend, seal, or expunge any record upon good cause shown and notice to the subjects of the report.

(d) At any time, any person identified in a report in the central registry may receive, upon request, all information pertaining to him contained in the central registry.

(e) At any time, subsequent to the completion of the investigation, but in no event later than 90 days after the receipt of the report, any person identified in the report may request the Director to amend, seal, or expunge the record of the report. If the Director refuses or does not act within a reasonable time, but in no event later than 30 days after such request, that person shall have the right to a fair hearing before the Superior Court of the District of Columbia to determine whether the record of the report in the central registry should be amended or expunged on the grounds that is it inaccurate or it is being maintained in a manner inconsistent with this Act. The Director shall be given fair notice of the hearing. The burden of proof, in such a hearing shall be on the Director.

(f) Written notice of any amendment or expungement made pursuant to the provisions of this section shall be made to each person identified in the report and to the Director. The Director, upon receipt of such notice, shall take similar action regarding any other related file for child abuse or neglect.

TITLE II—REPORTING CHILD ABUSE OR NEGLECT

SEC. 201. Notwithstanding section 307 of title 14 of the District of Columbia Code, any medical personnel and certain persons in child care in the District of Columbia, including persons licensed under the Hearing Arts Practice Act, District of Columbia, 1928, having reasonable cause to believe that a child under the age of 18 brought to him or coming before him for examination, care, or treatment has had physical injury or sexual abuses inflicted upon him other than by accidental means, or is neglected as defined in section 2301(9) of title 16 of the District of Columbia Code, shall report such injury or harm to a member or officer of a specially designated and trained nonuniformed unit of the Metropolitan Police force of the District of Columbia, or to the Director, in accordance with this title. Any person in the District of Columbia other than a medical person or person involved in child care who has reason to believe a child is being abused may report the abuse according to the provisions of this title.

SEC. 202. A report required or permitted under section 201 may be made orally to the Director or to a member or officer of a specially designated and trained nonuniformed unit of the Metropolitan Police force. Such oral report shall be followed by a written report if so requested by the receiving agency. Such report shall contain the name, age, and address of the child concerned, his siblings, his parents, or other persons responsible for his care, if known, the nature and extent of the child's injury (including knowledge of any previous injury), and may include such other information which the person making such report believes might be helpful in establishing the cause of the injury or harm reported and the identity of the perpetrator of such harm or injury. Whenever a report is made under this section to the Director, he shall immediately notify the specially designated and trained unit of the Metropolitan Police force. Upon receiving a report made under this section the specially designated and trained unit of the Metropolitan Police force shall promptly make a preliminary investigation. The primary purpose of this investigation shall be the protection of the child. The investigation shall seek to determine the nature, extent, and cause of child abuse, sexual abuse, or neglect, the identity of the person responsible therefor, the names and conditions of other children in the home, the stability of the parents or persons responsible for the care of the child, and quality of the home environment, the relationship of the child to the parents or other persons responsible for his care, whether there are any other children in the home whose health, safety, or welfare is in jeopardy from their environment, and whether such children should be removed from such environment. To facilitate prompt and effective care and treatment of abused or neglected children and their families, whenever any officer or member of the Metropolitan Police force receives and investigates a report of alleged child abuse or neglect under this title, and whenever he discovers a situation in which the potential for abuse or neglect is high, he shall immediately

report the case to the Center for further investigation and treatment, and transmit to it copies of all official reports and any other pertinent information in addition to taking whatever action he may deem appropriate.

SEC. 203. Any person, hospital, or institution participating in good faith in the making of a report pursuant to this title shall have immunity from liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding involving such report.

SEC. 204. Notwithstanding the provisions of sections 306 and 307 of title 14 of the District of Columbia Code, no privilege between husband and wife or between any professional person (except lawyer and client), including physicians, ministers, counselors, hospitals, clinics, day care centers, and schools and their clients, shall constitute grounds for excluding evidence in any proceeding in the Family Division of the Superior Court of the District of Columbia concerning the welfare of such child, if the Family Division of the Superior Court determines that such privilege should be waived in the interest of public justice.

SEC. 205. Any person required to make a report under this title who willfully fails to make such report shall be fined not more than $1,000, or imprisoned for not longer than thirty days, or both. Violations of this title shall be prosecuted by the Corporation Counsel in the name of the District of Columbia.

SEC. 206. For the purposes of this title—

(a) The term "medical personnel" includes a physician, surgeon, dentist, resident, intern, registered nurse, practical nurse, psychiatrist, psychologist, chiropractor, coroner, and medical examiner.

(b) The term "certain persons involved in child care" includes school officials, teachers, social services workers, day care center workers.

SEC. 207. Notwithstanding any other provision of this title, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to have been neglected within the purview of this title.

SEC. 208. (a) Section 2301(9) of title 16 of the District of Columbia Code is amended to read as follows:

"(9) The term 'neglected child' means a child—

"(A) who has been abandoned or abused by his parent, guardian, custodian, or other person acting in loco parentis;

"(B) who is without proper parental care or maintenance, subsistence, medical or surgical care, education as required by law, or other care necessary for his physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his parent, guardian, custodian, or other person acting in loco parentis;

"(C) whose parent, guardian, custodian, or other person acting in loco parentis is unable to discharge his responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity;

"(D) who has been placed for care or adoption in violation of law; or

"(E) who is in imminent danger of being without proper parental care or maintenance, and whose sibling is the subject of a petition before a court alleging that the child is neglected."

(b) Such section is amended by adding at the end thereof the following:

"(23) The term 'abused child' means a child whose parent, guardian, custodian, or other person acting in loco parentis, inflicts or allows to be inflicted upon such child physical injury or sexual abuse or molestation, including the infliction of excessive corporal punishment; or who is injured and his parent, guardian, custodian, or other person acting in loco parentis can give no satisfactory explanation for the injury."

SEC. 209. The Act of November 6, 1966 (relating to the reporting of certain physical abuses of children) (D.C. Code, sec. 2-161—2-166) is repealed.

TITLE III—AMENDMENTS TO THE JUDICIAL PROCEDURE CONCERNING CHILD CUSTODY

SEC. 301. (a) Section 2304(b) of title 16 of the District of Columbia Code is amended to read as follows:

"(b) When a child is alleged to be abused or neglected, or when termination of parental rights is sought, the parent, guardian, or custodian of the child named in the petition is entitled to be represented by counsel at all critical stages of the Division proceedings and, if financially unable to obtain adequate repre-

sentation, to have counsel appointed in accordance with rules established by the Superior Court. The Division shall in every case involving an abused or neglected child which results in a judicial proceeding appoint a guardian ad litem to represent the child in such proceedings. The guardian ad litem shall be given access to all reports relevant to the case and to any reports of examination of the child's parents, or other custodian pursuant to this Act. The guardian ad litem shall, in general, be charged with the representation of the child's best interests. To that end, he shall make such further investigation that he deems necessary to ascertain the facts, to interview withnesses, examine and cross-examine witnesses in both the adjudicatory and dispositional hearings, make recommendations to the court and participate further in the proceedings to the degree appropriate for adequately representing the child.

(b) Section 2322 of title 16 of the District of Columbia Code is amended by inserting at the end thereof the following:

"(g) After a dispositional order vesting legal custody of a child adjudicated neglected pursuant to section 2301(9), or abused pursuant to section 2301(23), in a department, agency, or institution, a hearing shall be held, after proper notice to the parents, their attorneys, and the child's attorney, at which the department, agency, or institution shall present all relevant information as to whether the parental rights should be terminated for the purposes of seeking an adoptive placement for the child. Such hearing shall be held (1) within 6 months in the case of a child under 12 months of age, (2) within 1 year in the case of a child between 1 and 6, and (3) within 2 years in the case of a child 7 or older, and semiannually thereafter. The court is considering in determining if the best interests of the child requires termination of parental rights shall consider, among other factors—

"(1) the preservation of continuity of care and caretakers for the child;

"(2) the quality of the interaction and interrelationship of the child with his parent or parents, siblings, custodians, or other caretakers;

"(3) the child's own determination, to the extent feasible, of his own best interests in the matter; and

"(4) the mental and physical health of all individuals involved.

"(h) A request for the termination of parental rights may also be incorporated in a petition for abuse or neglect brought pursuant to section 2301(g) or section 2301(23).

"(i) Where an order for permanent termination of parental rights has been entered pursuant to this section, the department, agency or institution to whom the child has been committed shall be responsible for seeking prompt adoptive placement of the child and shall report to the Division within six months of the order terminating parental rights upon its efforts to secure an adoptive placement. If adoption proceedings have not been initiated within a year of the order terminating parental rights, the department, agency, or institution to which the child was committed shall report annually on all efforts made to secure an adoptive placement for the child.".

SEC. 302. The provisions of this Act, including the amendments and the repeal of other laws made by this Act, shall be effective only for the first 12 full calendar months occurring after the date of enactment of this Act, unless extended by the Council of the District of Columbia. In the event the Council takes no action to extend the provisions of this Act, those provisions of law in effect immediately prior to the date of enactment of this Act, and repealed or amended by this Act, shall again become effective.

SECTION-BY-SECTION SYNOPSIS H.R. 15779—TO ESTABLISH AN AGENCY FOR THE PREVENTION OF CHILD ABUSE IN THE DISTRICT OF COLUMBIA AND FOR OTHER PURPOSES

Section (a). *Statement of Purpose.*—To provide for protection of abused and neglected children by:

(1) Expanding persons required to report.

(2) Providing for coordination of services.

(3) Preserving wherever possible the existing family unit.

Section (b). *Statement of Recognition.*—Children's rights must be protected. Responsibility is entrusted to the Commissioner of the District of Columbia through this Act.

TITLE I—CHILD ABUSE PREVENTION

Section 101. Establishment of Center; Responsibilities of Director and Staff

Subsection (a):

Independent agency established—to be called Center for the Prevention of child Abuse.

Full time Director, appointed by Mayor.

Director coordinates public and private community resources.

Supportive program for families developed and maintained.

Subsection (b):

Training and informational programs for the employees of the Center and cooperating agencies.

Informational and educational programs for the community.

Subsection (c):

Director files an annual report to the Commissioner.

Subsection (d).

Staffing of Center.

Trained personnel: familiar with community resources.

Multidisciplinary team of experts including: pediatrician, psychiatrist or psychologist, specially trained social worker, and an attorney.

Other persons may be employed on a case by case basis.

Responsibilities of pediatrician, psychiatrist and social worker team members outlined.

Subsection (e).

Establishes an Office of General Counsel for the Center.

Prohibitions on Center lawyers.

Subsection (f).

Treatment provided to those referred by D.C. Government agencies, medical personnel and others, and to those who voluntarily request treatment.

Individual rights protected.

Section 102. Confidential Central Registry

Subsection (a).

Director establishes 24 hour confidential registry of alleged child abuse and neglect cases.

Access to registry restricted.

Restrictions on transmitting data to other jurisdictions.

Subsection (b).

Rights of persons mentioned in reports safeguarded.

Expungement of records.

Subsection (c).

Reports to be sealed when subject becomes 18.

Exceptions.

Subsections (d), (e), (f).

Rights of persons mentioned in reports are protected.

Access to registry provided for.

Procedure for amendment or expungement.

TITLE II—REPORTING CHILD ABUSE OR NEGLECT

Section 201. Reporting of Suspected Cases

Medical personnel and professional child care personnel *must* report suspected cases.

Other persons may report.

Section 202. Nature and Contents of Report; Investigating Agency

Reports made either orally or in writing, to Director or to Metropolitan Police Special Unit.

All information which might be helpful to be included.

Police make initial investigation; report to Center.

Center undertakes further investigation and treatment.

Investigation includes welfare of siblings.

Section 203. Immunity from Liability

Immunity extended to persons and institutions from civil and criminal liability.

Section 204. Waiver of Confidential Privilege

All privileges except attorney-client privilege may be waived.

Section 205. Penalties

$1000 fine or 30 days in prison, or both, for failure to report suspected child abuse.

Section 206. Definitions

"Medical personnel" and "certain persons involved in child care" defined.

Section 207. Appplication of Title with Respect to Spiritual Healing

Healing by prayer, in itself, is not considered cause for "neglect".

Section 208. Definitions of "Neglected" and "Abused" Child.

Subsection (a).

Defines "neglected child".

Responsibility for care extended to person acting in loco parentis.

Siblings of abused or neglected children included.

Subsection (b).

Defines "abused child"—(not presently defined by law.)

Section 209. Repealer of Present Reporting Law.

D.C. Code, sec. 2-161—2-166 is repealed.

TITLE III—AMENDMENTS TO THE JUDICIAL PROCEDURE CONCERNING CHILD CUSTODY

Section 301. Amendments to the D.C. Code.

Subsection (a).

Parent entitled to counsel.

Child shall have a guardian ad litem in every case.

Guardian ad litem's responsibilities outlined.

Subsection (b).

Provides procedures for a hearing to decide termination of parental rights.

Time limits for hearings specified.

Factors to be considered in termination proceedings.

Request for termination may be incorporated in a petition for abuse or neglect.

Agency to whom child committed has responsibility for adoptive placement; time limits specified.

Section 302. Extension of Provisions by City Council.

Act only effective for 12 months after date of enactment, unless extended by City Council of the District of Columbia.

[H.R. 15918, 93d Cong., 2d sess. by Mr. Fraser on Aug. 22, 1974]

A BILL To establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) it is the purpose of this Act to provide for the protection of abused and neglected children in the District of Columbia, by requiring medical personnel and other persons involved in child care in the District of Columbia who become aware of cases of child abuse or neglect to report such cases in accordance with the provisions of the Act, thereby causing a coordinated and cooperative effort of all public and private resources in the District of Columbia to be brought to bear to protect the health, safety, and welfare of the child concerned, to prevent further abuse, and whenever possible, to preserve the existing family unit of the child.

(b) It is recognized that children have rights, both legal and moral, and that when those rights come into conflict with action taken by their parents or caretakers those rights must be protected. Responsibility for coordinating efforts to protect and maintain children's rights and welfare shall reside with the Commissioner of the District of Columbia who shall exercise such responsibility through the Center for the Prevention of Child Abuse, established by this Act.

TITLE I—CHILD ABUSE PREVENTION

SEC. 101. (a) There is established as an independent agency of the government of the District of Columbia a Center for the Prevention of Child Abuse (hereinafter in this Act rendered to as the "Center") which shall have as its head a full-time Director who shall be appointed by the Commissioner of the District of

Columbia (hereinafter in this Act referred to as the "Commissioner"). The Director shall administer the Center and coordinate other public and private resources available in the District of Columbia for the protection of abused or neglected children. Such resources shall include the services of the District of Columbia Department of Human Resources, the District of Columbia court system, the Metropolitan Police force, hospitals and clinics located in the District of Columbia, and individuals and organizations with knowledge and expertise in the area of child care and family support programs whom the Director considers useful to the performance of his duties and responsibilities under this Act. The Director shall establish, develop, and maintain a supportive program for families in the District of Columbia with child abuse or neglect problems who are referred to the Center by the courts or other governmental agencies, or who voluntarily request treatment or counseling so as to prevent and eliminate the causes and effects of child abuse and neglect. In addition, the Director shall coordinate efforts and when appropriate contract with other agencies, groups, or individuals, for specific services or resources so as to have available the services and resources necessary to accomplish the purposes of this Act.

(b) The Director shall establish and maintain training and informational programs relating to the prevention and elimination of child abuse and neglect for employees of the Center and for employees of any public or private agency which has entered into a contract with the Center. The Director shall establish and maintain informational and educational programs for the community in general to assist and encourage reporting, treating, and preventing child abuse and neglect.

(c) Each year the Director shall file with the Commissioner and the District of Columbia Council a report on the Center's activities during the previous year. Such report shall also include recommendations for improving the prevention and treatment of child abuse and neglect in the District of Columbia.

(d)(1) The Center shall be staffed by personnel trained to identify, treat, and prevent child abuse and neglect and who are familiar with the resources available in the District of Columbia which might assist in the protection of children and the prevention and elimination of the causes of child abuse and neglect.

(2) The Director shall establish, develop, and maintain as a part of the Center, at least one full-time multidisciplinary team of experts. Each team shall include (A) a pediatrician, (B) a psychiatrist or psychologist, (C) a social worker with expertise in the areas of child welfare and family counseling, and (D) an attorney. Each multidisciplinary team may include additional persons, not employees of the Center, as the Director may deem necessary, on a case by case basis, whose involvement and inclusion would be helpful for the protection of the child involved in such case. The Director may employ personnel, accept volunteers, or contract for additional services, in order to organize and maintain additional multidisciplinary teams so that the teams may efficiently and expeditiously investigate and treat the cases of child abuse or neglect brought to the attention of the Center.

(3) It shall be the primary responsibility of the pediatrician team member to ensure that proper treatment for the physical condition of an abused or neglected child is provided to such child. It shall be the primary responsibility of the psychiatrist or psychologist team member to ensure that an abused or neglected child and the members of his family are provided the psychiatric counseling necessary for the protection of the child and the elimination of the causes of abuse or neglect. It shall be the primary responsibility of the social worker team member to ensure that, working with an abused or neglected child and his family, a home environment conducive to the safe physical, mental, and emotional development of the child can be fostered.

(e) The Director shall establish and maintain an Office of General Counsel for the Center, staffed by one or more attorneys, to provide legal counsel to the multidisciplinary teams and other staff members of the Center on all matters in which the Center may become involved, and to research legal aspects of child abuse and neglect cases. Attorneys employed by the Center may not represent parents or children in any legal proceeding in which the Center may be interested or involved.

(f) In addition to persons referred by other agencies of the government of the District of Columbia, and persons referred to it by certain medical personnel and other persons, the Center shall also investigate and treat parents, family members, and children coming to the Center voluntarily for treatment or counseling in matters related to child abuse or neglect. In treating such

parents, family members, or children, the Director shall take specific action to assure that the individual rights of all persons involved are fully protected.

SEC. 102. (a) If, before an investigation in a child abuse or neglect case is completed, the opinion of the multidisciplinary team is that immediate removal of the child from its parents, guardians, or custodians is necessary to protect the child from further abuse or neglect, the Family Division of the Superior Court of the District of Columbia, on petition by a member of such team and with good cause being shown, shall issue (according to applicable law) an order for temporary removal and custody.

(b) The Director shall, upon completion of an investigation in a case of child abuse or neglect, determine whether or not a petition shall be filed in the Family Division of the Superior Court of the District of Columbia on behalf of the child concerned. Such a petition shall be filed if the multidisciplinary team conducting the investigation with respect to such child determines that this would serve the best interests of the child. The Director shall, in the event that such a petition is filed, notify a guardian ad litem appointed to represent such child, in writing. Such notification shall contain the reasons for initiating such petition, suggested therapeutic treatment available within the community for the child and his parents, guardians, or custodians, and the recommendation of the multidisciplinary team as to the optimum disposition of that particular case.

SEC. 103. (a) The Director shall develop and maintain a confidential central registry of all cases of alleged child abuse or neglect reported to him under the provisions of title II, or under section 101(c), and shall coordinate and cooperate with State and local agencies in the development of regional and national registers of cases of alleged child abuse or neglect. The confidential central registry developed by the Director shall be maintained on a 24-hour basis, and the Director shall establish procedures to ensure the accuracy of information filed in such registry, and for restricting access to such registry to the attorney or parents of a child with respect to whom an alleged instance of child abuse or neglect has been filed, medical personnel investigating child abuse or neglect, members of the Metropolitan Police force, the Corporation Counsel of the District of Columbia, and persons employed by the Center. The Director shall also maintain a record of each instance where information from the central registry is released showing the date of such release, and the purpose for which, and the person to whom, such data was released. Data shall not be transmitted from the central registry to other jurisdictions without the consent of the persons concerned and unless the receiving jurisdiction has comparable safeguard on the use and dissemination of such data.

(b) Unless an investigation of a report conducted pursuant to this Act determines there is some credible evidence of alleged abuse or neglect, all information identifying the subject of the report shall be expunged from the central registry forthwith. The decision to expunge the record shall be made by the Director based upon the investigation made by the Center.

(c) After a child, who is the subject of a report in the central registry, reaches the age of 18 years, the report in the central registry relating to that child shall be sealed, except access to that child's report shall be permitted if a sibling or offspring of such child is a suspected victim of child abuse or neglect. The amount of such detail shall depend upon the source of the report and shall be established by regulations of the Director. In all other cases, the record of the reports to the central registry shall be sealed at no later than 10 years after the subject child's 18th birthday. Once sealed, the record shall not otherwise be available, unless the Director upon receiving the consent from the subject of the report, gives his personal approval for an appropriate reason. In any case, and at any time, the Director may amend, seal, or expunge any record upon good cause shown and notice to the subjects of the report.

(d) At any time, any person identified in a report in the central registry may receive, upon request, all information pertaining to him contained in the central registry.

(e) At any time, subsequent to the completion of the investigation, but in no event later than 90 days after the receipt of the report, any person identified in the report may request the Director to amend, seal, or expunge the record of the report. If the Director refuses or does not act within a reasonable time, but in no event later than 30 days after such request, that person shall have the right to a fair hearing before the Superior Court of the District of Columbia to determine whether the record of the report in the central registry should

be amended or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this Act. The Director shall be given fair notice of the hearing. The burden of proof in such a hearing shall be on the Director.

(f) Written notice of any amendment or expungement made pursuant to the provisions of this section shall be made to each person identified in the report and to the Director. The Director, upon receipt of such notice, shall take similar action regarding any other related file for child abuse or neglect.

TITLE II—REPORTING CHILD ABUSE OR NEGLECT

SEC. 201. Notwithstanding section 307 of title 14 of the District of Columbia Code, any medical personnel and certain persons in child care in the District of Columbia, including persons licensed under the Healing Arts Practice Act, District of Columbia, 1928, having reasonable cause to believe that a child under the age of 18 brought to him or coming before him for examination, care, or treatment has had physical injury or sexual abuses inflicted upon him other than by accidental means, or is neglected as defined in section 2301(9) of title 16 of the District of Columbia Code, shall report such injury or harm to a member or officer of a specially designated and trained nonuniformed unit of the Metropolitan Police force of the District of Columbia, or to the Director, in accordance with this title. Any person in the District of Columbia other than a medical person or person involved in child care who has reason to believe a child is being abused may report the abuse according to the provisions of this title.

SEC. 202. A report required or permitted under section 201 may be made orally to the Director or to a member or officer of a specially designated and trained nonuniformed unit of the Metropolitan Police force. Such oral report shall be followed by a written report if so requested by the receiving agency. Such report shall contain the name, age, and address of the child concerned, his siblings, his parents, or other persons responsible for his care, if known, the nature and extent of the child's injury (including knowledge of any previous injury), and may include such other information which the person making such report believes might be helpful in establishing the cause of the injury or harm reported and the identity of the perpetrator of such harm or injury. Whenever a report is made under this section to the Director, he may notify the specially designated and trained unit of the Metropolitan Police force. Whenever a report is made under section 201 to a member or officer of the Metropolitan Police force, such member or officer shall notify the Director. Upon receiving a report made under section 201 the Director shall promptly make a thorough investigation. In making such investigation, the Director may request such assistance of the specially designated and trained nonuniformed unit of the Metropolitan Police force, and the Metropolitan Police force shall provide such assistance, as the Director deems necessary and appropriate. The primary purpose of this investigation shall be the protection of the child. The investigation shall seek to determine the nature, extent, and cause of child abuse, sexual abuse, or neglect, the identity of the person responsible therefor, the names and conditions of other children in the home, the stability of the parents or persons responsible for the care of the child, the quality of the home environment, the relationship of the child to the parents or other persons responsible for his care, whether there are any other children in the home whose health, safety, or welfare is in jeopardy from their environment, and whether such children should be removed from such environment. The investigation shall include a visit to the child's home, a physical, psychological, or psychiatric examination of any member of that home, and an interview with the child. If the admission to the home, school, or any other place that the child may be, or permission of the parent of other persons responsible for the child for the physical, psychological, or psychiatric examination cannot be obtained, then the Family Division of the Superior Court of the District of Columbia, upon cause shown, shall order the parents or persons responsible and in charge of any place where the child may be to allow entrance for the interview, and related examinations and investigations.

SEC. 203. Any person, hospital, or institution participating in good faith in the making of a report pursuant to this title shall have immunity from liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report. Any such participant shall have the same immunity with respect to participation in any judicial proceeding involving such report.

40-331—74——2

SEC. 204. Notwithstanding the provisions of sections 306 and 307 of title 14 of the District of Columbia Code, no privilege between husband and wife or between any professional person (except lawyer and client), including physicians ministers, counselors, hospitals, clinics, day care centers, and schools and their clients, shall constitute grounds for excluding evidence in any proceeding in the Family Division of the Superior Court of the District of Columbia concerning the welfare of such child, if the Family Division of the Superior Court determines that such privilege should be waived in the interest of public justice.

SEC. 205. Any person who is required under this title to report cases of child abuse, or neglect may take or cause to be taken, at public expense, color photographs of the areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child. Any photographs or X-rays taken shall be sent to the Director as soon as possible. Whenever such person is required to report under this title, in his capacity as a member of the staff of a medical or other private or public institution, school, facility or agency, he shall immediately notify the person in charge of such institution, school, facility or agency or his designated delegate, who shall then take or cause to be taken, at public expense, color photographs of physical trauma and shall, if medically indicated, cause to be performed radiological examination of the child.

SEC. 206. Any person required to make a report under this title who willfully fails to make such report shall be fined not more than $1,000, or imprisoned for not longer than thirty days, or both. Violations of this title shall be prosecuted by the Corporation Counsel in the name of the District of Columbia.

SEC. 207. For the purposes of this title—

(a) The term "medical personnel" includes a physician, surgeon, dentist, resident, intern, registered nurse, practical nurse, psychiatrist, psychologist, chiropractor, coroner, and medical examiner.

(b) The term "certain persons involved in child care" includes school officials, teachers, social services workers, day care center workers.

SEC. 208. Notwithstanding any other provision of this title, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to have been neglected within the purview of this title.

SEC. 209. (a) Section 2301(9) of title 16 of the District of Columbia Code is amended to read as follows:

"(9) The term 'neglected child' means a child—

"(A) who has been abandoned or abused by his parent, guardian, custodian, or other person acting in loco parentis;

"(B) who is without proper parental care or maintenance, subsistence, medical or surgical care, education as required by law, or other care necessary for his physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his parent, guardian, custodian, or other person acting in loco parentis;

"(C) whose parent, guardian, custodian, or other person acting in loco parentis is unable to discharge his responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity;

"(D) who has been placed for care or adoption in violation of law; or

"(E) who is in imminent danger of being without proper parental care or maintenance, and whose sibling is the subject of a petition before a court alleging that the child is neglected."

(b) Such section is amended by adding at the end thereof the following:

"(23) The term 'abused child' means a child whose parent, guardian, custodian, or other person acting in loco parentis, inflicts or allows to be inflicted upon such child physical injury or sexual abuse or molestation, including the infliction of excessive corporal punishment; or who is injured and his parent, guardian, custodian, or other person acting in loco parentis can give no satisfactory explanation for the injury."

SEC. 210. The Act of November 6, 1966 (relating to the reporting of certain physical abuses of children) (D.C. Code, sec. 2-161—2-166) is repealed.

TITLE III—AMENDMENTS TO THE JUDICIAL PROCEDURE CONCERNING CHILD CUSTODY

SEC. 301. (a) Section 2304(b) of title 16 of the District of Columbia Code is amended to read as follows:

"(b)(1) When a child is alleged to be abused or neglected or when termination of parental rights is sought, the parent, guardian, or custodian of the child named in the petition is entitled to be represented by counsel at all critical stages of the Division proceedings and, if financially unable to obtain adequate representation, to have counsel appointed in accordance with rules established by the Superior Court. The Division shall in every case involving an abused or neglected child which results in a judicial proceeding appoint a guardian ad litem to represent the child in such proceedings. The guardian ad litem shall be given access to all reports relevant to the case and to any reports of examination of the child's parents, or other custodian pursuant to this Act. The guardian ad litem shall, in general, be charged with the representation of the child's best interests. To that end, he shall make such further investigation that he deems necessary to ascertain the facts, to interview witnesses, examine and cross-examine witnesses in both the adjudicatory and dispositional hearings, make recommendations to the court and participate further in the proceedings to the degree appropriate for adequately representing the child.

"(2) At any time after the completion of the adjudicatory hearing of a case of child abuse or neglect and a finding of dependency therein, the court may, on its own motion, or the motion of the guardian ad litem, order the examination by a physician, psychologist or psychiatrist, of any parent or other person having the custody of the child at the time of the alleged abuse or neglect, if the court finds such an examination is necessary to the proper determination of the dispositional hearing of the case. The dispositional hearing may be continued pending the completion of such examination. The physician, psychologist or psychiatrist conducting such an examination, may be required to testify in the dispositional hearing concerning the results of such examination and may be asked to give his opinion as to whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged abuse or neglect. The rules of evidence as provided by law shall apply to such testimony except that the physician, psychologist or psychiatrist shall be allowed to testify to conclusions reached from the hospital, medical, psychological or laboratory records, tests or reports, provided the same are produced at the hearing. Persons so testifying shall be subject to cross-examination as are other witnesses. No evidence acquired as a result of any such examination of the parent or any other person having custody of the child may be used against such person in any subsequent criminal proceedings against such person or custodian concerning the abuse or non-accidental injury of the child."

(b) Section 2322 of title 16 of the District of Columbia Code is amended by inserting at the end thereof the following:

"(g) After a dispositional order vesting legal custody of a child adjudicated neglected pursuant to section 2301(9), or abused pursuant to section 2301(23), in a department, agency, or institution, a hearing shall be held, after proper notice to the parents, their attorneys, and the child's attorney, at which the department, agency, or institution shall present all relevant information as to whether the parental rights should be terminated for the purposes of seeking an adoptive placement for the child. Such hearing shall be held (1) within six months in the case of a child under twelve months of age, (2) within one year in the case of a child between one and six, and (3) within two years in the case of a child seven or older, and semiannually thereafter. The court in considering on determining if the best interests of the child requires termination of parental rights shall consider, among other factors—

"(1) the preservation of continuity of care and caretakers for the child;

"(2) the quality of the interaction and interrelationship of the child with his parent or parents, siblings, custodians, or other caretakers;

"(3) the child's own determination, to the extent feasible, of his own best interests in the matter; and

"(4) the mental and physical health of all individuals involved.

"(h) A request for the termination of parental rights may also be incorporated in a petition for abuse or neglect brought pursuant to section 2301(9) or section 2301(23).

"(i) Where an order for permanent termination of parental rights has been entered pursuant to this section, the department, agency, or institution to whom the child has been committed shall be responsible for seeking prompt adoptive placement of the child and shall report to the Division within six months of the order terminating parental rights upon its efforts to secure an adoptive placement. If adoption proceedings have not been initiated within a year of the order terminating parental rights, the department, agency, or institution to which

the child was committed shall report annually on all efforts made to secure an adoptive placement for the child.".

SEC. 302. Notwithstanding any other provision of law, or any rule of law, nothing in this Act shall be construed as limiting the authority of the District of Columbia Council to enact any act or resolution, after January 2, 1975, pursuant to the District of Columbia Self-Government and Governmental Reorganization Act with respect to any matter covered by this Act.

SECTION-BY-SECTION SYNOPSIS H.R. 15918—TO ESTABLISH AN AGENCY FOR THE PREVENTION OF CHILD ABUSE IN THE DISTRICT OF COLUMBIA AND FOR OTHER PURPOSES

Section (a). Statement of Purpose. (same as 15779)
Section (b). Statement of recognition. (same as 15779)

TITLE I—CHILD ABUSE PREVENTION

SECTION 101. Establishment of Center; Responsibilities of Director and Staff.
Subsections (a)–(f). (Same as 15779.)
SECTION 102.[1] *Removal of Child from Home.*
Subsection (a).[1]
Provides for immediate removal of child from home on petition by a member of the multidisciplinary team.
Subsection (b).[1]
Director determines whether to file a petition for removal after investigation is complete.
Guardian ad litem notified if petition filed.
SECTION 103. Confidential Central Registry.
Subsections (a)–(f). (Same as 15779, Section 102. a–f.)

TITLE II—REPORTING CHILD ABUSE AND NEGLECT

SECTION 201. Reporting of Suspected Cases. (15779)
SECTION 202.[1] *Nature and Contents of Report; Investigating Agency.*
Reports made either orally or in writing to the Director or to the Metropolitan Police Special Unit.
All information which might be helpful to be included.
Director *may* notify Police of report received.
Police *must* notify Director of report received.
Director responsible for initial investigation and treatment; may request and receive assistance from Police Special Unit.
Investigation includes welfare of siblings; physical or psychological examinations of persons in home.
Provides for court order to admit investigators if necessary.
SECTION 203. Immunity from Liability. (15779)
SECTION 204. Waiver of Confidential Privilege. (15779)
SECTION 205.[1] *Color Photographs.*
Color photographs, X-rays and radiological examinations may be taken or performed at public expense.
SECTION 206. Penalties. (Same as 15779, Sec. 205)
SECTION 207. Definitions. (Same as 15779, Sec. 206)
SECTION 208. Application of Title with Respect to Spiritual Healing. (Same as 15779—Sec. 207.)
SECTION 209. Definitions of "Neglected" and "Abused" Child. (Same as 15779, Sec. 208)
SECTION 210. Repealer of Present Reporting Law. (Same as 15779, Sec. 209.)

TITLE III—AMENDMENTS TO THE JUDICIAL PROCEDURE REGARDING CHILD CUSTODY

SECTION 301.[1] *Amendments to the District of Columbia Code.*
Subsection (a).[1]
Parent or guardian entitled to counsel when child alleged neglected or abused.

---

[1] H.R. 15918 duplicates H.R. 15779 exactly with the exceptions noted.

Child shall have guardian ad litem appointed.
Guardian ad litem's responsibilities outlined.
Court may order the examination by a physician, psychiatrist or psychologist of any parent.
Doctors may be required to testify.
Evidence gathered may not be used in a criminal proceeding.

Subsection (b). (Same as 15779, Sec. 301 (b))

SECTION 302.[1] *Home Rule Authority.*

Nothing in Act to be construed as limiting authority of City Council under Home Rule.

Mr. MAZZOLI. At this point, I would like to yield to our distinguished colleague on the committee, Congressman Fraser of the State of iMnnesota ,who is one of the sponsors of the bill.

Congressman, if you have any statements that you wish to make.

Mr. FRASER. Mr. Chairman, thank you very much for this opportunity to make an opening statement.

I have drafted some written testimony which I would like to submit for the record.

Mr. MAZZOLI. Without objection, it will be made a part of the record, as well as the two bills.

[The full statement follows:]

STATEMENT BY HON. DONALD M. FRASER ON CHILD ABUSE AND NEGLECT

Mr. Chairman, I'm very grateful that you have scheduled these hearings. Some may say that child abuse legislation for the District of Columbia should not be our concern. They say, "Why not wait until Home Rule becomes effective on January 2, 1975, and let the new District of Columbia City Council look at the problem?"

Child abusers cannot suspend their destructive impulses while Home Rule is being implemented. Children are being abused in the District today while we hold these hearings. Any reader of Washington newspapers should be aware of this. But the vast majority of child abuse cases go unreported. Children remain in jeopardy as a result of weak District reporting laws.

Last year—June 1973—the District of Columbia's Children's Hospital and the National Institute of Mental Health jointly co-sponsored a working conference on child abuse. At that time it was brought to our attention that the D.C. child abuse reporing law was one of the worst in the nation.

At about the same time, our colleague, Congressman Stark, introduced H.R. 8815, a bill to change the current reporting statute. We have worked since that time with Congressmen Stark and Stuckey and their staffs and with a large number of concerned community people with varied interests and backgrounds. The result is two bills in this session of Congress, H.R. 15779 and H.R. 15918.

It became apparent that not only the reporting provision of the D.C. law was inadequate. There is now no unified approach to deal with the problems of the families of child abuse and child neglect victims. Too often, these families fall between the cracks in the bureaucracy, and receive little or no help.

It has taken us a year to get to the point we are at today. I think we would be shirking our responsibilities to the citizens of the District if we now said, this problem should wait until the new Council can focus its attention on it. These hearings alone will help eliminate the problems. The fruits of what we have done so far and what will follow will be available to the new Council. Although we have not resolved all the differences between the concerned parties—the community groups, social workers, doctors, lawyers, police—we have made some progress.

I do hope that the attention we are giving this issue will result in the new District of Columbia City Council quickly focusing their attention on the problem. Many issues will face the newly elected councilmen in January. Effective child abuse legislation, we feel, should be a priority issue.

On July 2, I joined Mr. Stark and Mr. Stuckey in introducing H.R. 15779, establishing an independent agency, a Center for the Prevention of Child Abuse,

[1] H.R. 15918 duplicates H.R. 15779 exactly with the exceptions noted.

devoted to the problems of child abuse and neglect in the District. On July 16, I introduced H.R. 15918, a similar bill with the same purpose. But there are several differences between the two bills which raise important issues. I would like to briefly describe those differences.

MAJOR DIFFERENCE BETWEEN H.R. 15918 AND H.R. 15779

The major differences are three in number: (1) in my bill (H.R. 15918) the primary responsibility for initiating and coordinating all investigations of all alleged cases of child abuse and neglect lies with the Director of the Child Abuse Center rather than with the Metropolitan Police Force as at present and in H.R. 15779; (2) in my bill (H.R. 15918) the Director of the Center and the multidisciplinary child abuse team of experts decides whether or not a petition shall be filed in the Family Division of the Superior Court of the District of Columbia on behalf of the child. H.R. 15779 does not change the existing situation. Presently decisions of this nature are made by the Corporation Counsel after cases are brought to that office by the police, the Department of Human Resources, doctors or other agencies, and (3) my bill (H.R. 15918) provides that an examination of the person having custody of the abused child by a physician, psychologist or psychiatrist may be ordered, while H.R. 15779 makes no special provision for such examinations.

My bill also provides for color photographs at public expense of evidences of child abuse, and in a new Section 302 eliminates the automatic expiration at the end of one year of any law on child abuse enacted by the Congress.

INVESTIGATIONS

With respect to the first difference, that of who shall have primary responsibility to initiate investigations, the initial contact is often the most important if we are to reach the parents. Therefore, who does the investigation and how it is done are crucial.

In most states, child welfare agencies decide who shall make the initial investigation of alleged abuse or neglect cases. But under present D.C. law the initial investigation is made by either the Metropolitan Police in all abuse cases or the Department of Human Resources in most neglect cases. There is no formal central coordinating agency.

Under H.R. 15779, the police department would make all preliminary investigations. Only cases which in the opinion of the police have a "high" potential for abuse or neglect are reported to the Center for further investigation or follow up treatment.

There are good reasons to conclude that decisions about the initial investigations of child abuse and neglect made by a social agency will result in greater rehabilitative possibilities than if these decisions are made by a law enforcement agency.

There are two reasons: the training of the social welfare professionals is aimed at non-punitive rehabilitation, not law enforcement. If we are to end in this generation the battering parent syndrome, then we must provide a non-punitive system to treat the family. Secondly, abusers or neglectors, concerned about their conduct, facing a threat of jail, an impression reinforced by the presence of a police officer, may retreat into an unreachable shell.

We must keep in mind that the goals are, first, the child's welfare, to end the abuse of the child, second, to make the home safe for the child, and third, to help resolve the problem at the root of the abuse. This will help break the cycle of child abuse or neglect that is passed from one generation to the next. This takes time and effort.

LEGAL ACTION

On the question of who shall decide on legal action, we believe that the Director of the Center for the Prevention of Child Abuse together with the multidisciplinary team of child neglect and abuse experts are the logical persons to make these decisions. Important human and civil rights are at stake in these cases. The Director and the teams have the experience and training in these matters. Of course, the Family Division of the Superior Court of the District will make the final decisions. And we provide that notification must be given to a guardian ad litem when petitions are filed.

CUSTODIAN OF CHILD

The third major difference between the bills involves the custodian of the child. My bill provides for the examination of the person having custody of a child abuse or neglect victim by a physician, psychologist or psychiatrist to determine that person's ability to care for the child. It is also to determine whether or not that person can be rehabilitated or whether it should be recommended that parental rights or custody be terminated. This evaluation is also necessary to determine the kind of resources and treatment needed.

The importance of this is to keep the family together, if possible, but not at the risk of the child's welfare.

According to Dr. C. Henry Kempe and Dr. Ray Helfer in their book *Helping the Battered Child and His Family*, "less than 10 percent of seriously abused children have parents who are seriously mentally ill, i.e., psychotics or aggressive psychopaths." They go on to say that in 75 percent of the cases of reported child abuse or child neglect, the child can be residing safely within his or her home if proper help is provided within a year.

Currently this procedure for an examination by a physician, psychologist or psychiatrist probably can be ordered by the Court. However, section 301(a) of my bill, which also provides for a motion by the guardian ad litem, will help to regularize such examinations after an adjudication but before a disposition of the case.

Mr. Chairman, in conclusion, I would like to stress two points. First, it is important to note that enactment of either bill will facilitate the flow into the District of federal child abuse and neglect funds provided for in the federal Child Abuse Prevention and Treatment Act, Public Law 93-247. Our bills were drafted with the provisions of Public Law 93-247 in mind.

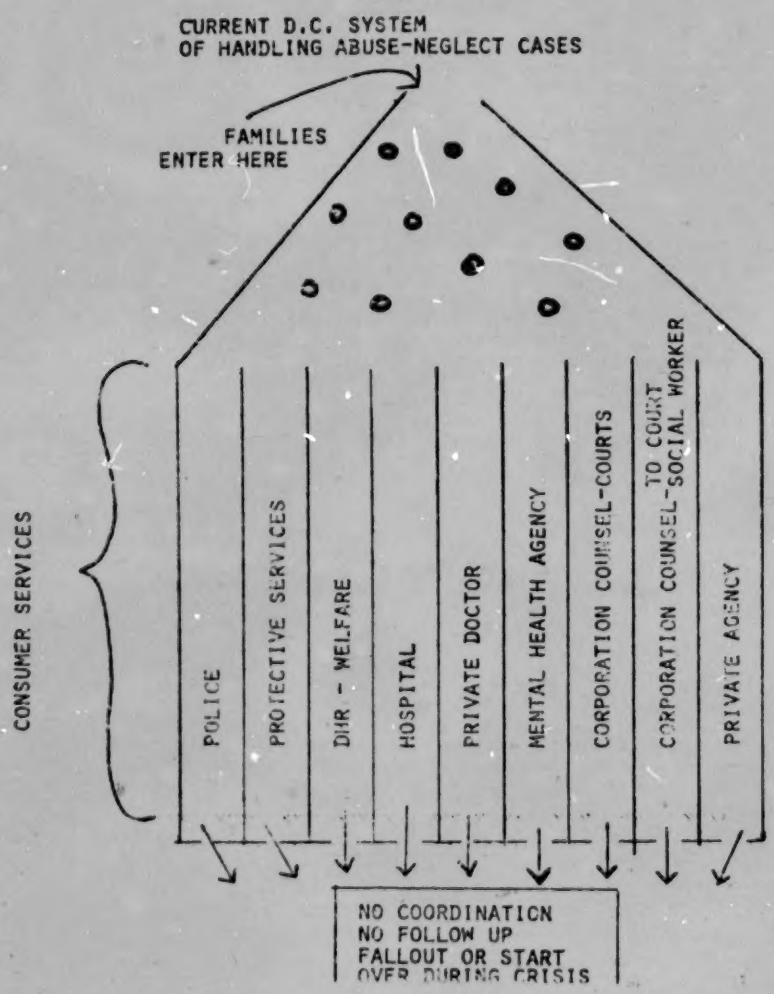
MULTIDISCIPLINARY TEAMS

That laws ties together child abuse *and* child neglect. In our meetings with community groups concerned with child abuse, the point was stressed that giving one Center responsibility for both child abuse and child neglect was unrealistic. It was contended that this was too broad a mandate. But because Public Law 93-247 closely links the two areas, federal monies and other federal resources may not be available for a Center that does not address both problems.

Second, the multidisciplinary team of child abuse and neglect experts is central to my concept of an effective response to child abuse and child neglect. Currently many devoted people are involved in attempts to prevent and treat abuse and neglect. They are involved on a personal level. Each person brings his or her unique contribution to the problem. Yet the system doesn't work.

The present system lets the person in need of services bounce, almost at random, to whatever agency responds. There has been no coordination, no one to direct the traffic. Special problems often do not receive special treatment. Enormous burdens are shouldered by overworked individuals who lack time and sometimes training to deal effectively with them. (See chart I.)

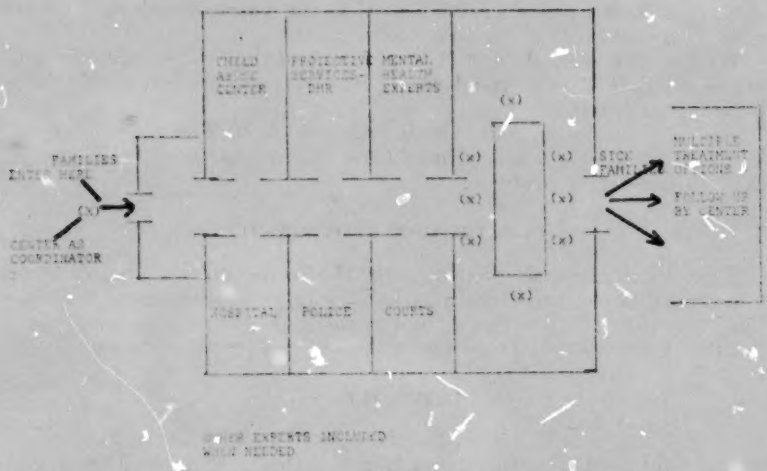
CHART I



The multidisciplinary team includes a pediatrician, a psychiatrist or psychologist, a social worker and an attorney. It may also include a police officer, a teacher, a nurse or other specialist. The Center receives all reports of abuse and neglect and coordinates the response of other agencies to a particular case. The multidisciplinary team makes the decisions needed to achieve our aims of treatment, rehabilitation and prevention. (See chart II.) The burden of decision-making is shared—and all options can be pursued. And most important, the people who need the services, the children and their families, will receive the help they need rather than falling between the bureaucratic cracks.

CHART II

MULTIDISCIPLINARY EVALUATING CENTER



STATEMENT OF HON. DONALD M. FRASER

Mr. FRASER. I would like to touch on a few points that are incorporated in my written statement.

Let me, at the outset, go to the point the Chairman has raised with respect to Home Rule in the District of Columbia.

The question of our role, I think, is a matter to be looked at with some care.

I think, at the least, the fact that we have these hearings, that we have done some work on the legislation, that we have developed some ideas has helped advance the whole cause, no matter who finally takes the responsibility for further legislative action, whether it is the Congress or the City Council.

I think it would be a mistake for us to do nothing, and not hold any hearings, not to move forward at all, because there is a considerable risk that the new Council in January is going to be heavily encumbered with many other responsibilities. And the likelihood of their reaching these questions early will be in doubt.

That is a matter, I think, that clearly must be looked at as we move along.

PRESENT LAW DEFICIENCY

One of the things that came to our attention early on was the fact that the District of Columbia had very weak reporting laws on the problem of child abuse.

Congressman Stark introduced a bill dealing with this problem. And that has led to the cooperation with him and Congressman Stuckey and their staffs in looking at this question.

As they looked at the problem of inadequate reporting, it became clear that there were other deficiencies in the way in which the District is dealing with child abuse and child neglect.

We joined in introducing H.R. 15779. And then, I introduced a separate bill H.R. 15918. And I would like to touch upon the differences between the two bills.

First, let me say I think both bills are good. The reason for our introducing a second bill is to add some ideas that may facilitate the exploration of this problem.

INVESTIGATION RESPONSBILITY

First, in our bill, we would center the responsibility for initiating and coordinating investigations in all cases of child abuse with the Director of the Child Abuse Center, rather than with the Metropolitan Police Force, as is the present situation and presumably would continue under H.R. 15779.

LEGAL ACTION

Second under H.R. 15918, the decision as to whether or not a petition should be filed with respect to a child rests with the Director of the Center and the multi-disciplinary child abuse team.

Now, H.R. 15779 does not change the existing situation in which the decision is apparently made by Corporation Counsel after reference to the Counsel, either by the police or by the Department of Human Resources or by doctors or some other agency.

EXAMINATIONS OF CUSTODIAN

Third, our bill provides that there may be an examination of the person having custody of the abused child by a physician, by psychologists or psychiatrists; while the other bill makes no special provisions.

My statement goes on to discuss each of these three differences at greater length. And since we are inserting the statement in the record, I won't detail more.

FEDERAL CHILD ABUSE PREVENTION AND TREATMENT ACT

Let me stress, however, that enactment of either of these bills, if the committee should decide to move forward, would facilitate the flow into the District of Columbia of Federal funds provided for in the Federal Child Abuse Prevention and Treatment Act.

I think it is also worth noting that child abuse and child neglect are tied together in that Federal law.

There has been some question raised as to whether it is wise to tie these two responsibilities into one center.

But the problem is that the Federal law apparently ties these two concerns together.

Our general view is that there is a need to coordinate these cases. Someone must act as the traffic director so that cases are not sorted out at random by whatever agency happens to be first asked, or whichever agency happens to respond.

We, in our approach, lay great stress on the multi-disciplinary team, which includes pediatrician, psychologist or psychiatrist, social worker, and attorney, and whenever useful, teacher, police officer, nurse, and so on.

Mr. Chairman this is an effort to just open up some of the issues. I wanted to point out the differences, the three principal differences, between the two bills.

But I think both bills represent a good start.

Mr. MAZZOLI. I thank my colleague for his explanation this morning and also for taking the lead with the other members of our committee on this important problem.

At this time, I would like to yield to my colleague and distinguished member of our subcommittee, Congressman Stark of California, for any statements that he might wish to make today.

STATEMENT OF HON. FORTNEY H. STARK

Mr. STARK. Thank you, Mr. Chairman.

I would like to thank you and our distinguished colleague from Minnesota for their willingness to work so well over the past few months to get into focus the various interests in the District; further, to say thank you, Mr. Chairman in particular for calling this hearing and creating this forum.

One of the frustrations of being a freshman Congressman is that it is so difficult to get things done. I wish all of the committees in the House were as willing as this subcommittee to investigate and move ahead on important legislative areas—sometimes, maybe it isn't going to lead to a pen from the White House—or perhaps in view of that, it is indeed refreshing that the process can go ahead.

And I would say that your willingness to investigate coupled with a willingness to relinquish the reins, which is so uncommon around this institution, has been a great benefit to the District of Columbia and to the members of this committee.

I, too, have prepared testimony that I would like to submit for inclusion in the record at this point.

Mr. MAZZOLI. Without objection, that will be included in the record.

[The full statement follows:]

OPENING STATEMENT BY CONGRESSMAN FORTNEY H. STARK, JR.

It has been only in the past decade that the problems of child abuse and neglect have received the serious medical investigation and legislative consideration that they deserve. A conservative estimate reveals that 60,000 children are victims of some form of child abuse or neglect each year—of that number over 700 cases result in death. And it is becoming increasingly apparent that those numbers, tragic as they are, do not completely represent the depth of the problem we face.

Child battering is the most common cause of death in children today outnumbering those caused by any of the infectious diseases, leukemia and automobile accidents. As a social problem it is not confined to the poorer segments of our society. Abuse and neglect are not relegated by socio-economic class or color. It is a sickness which can strike the affluent or the poor, the white family or the black, the highly educated or the illiterate.

More people must realize that child abuse is a medical *and* social disease that is reaching epidemic proportions. It is incumbent then on this and other legislative bodies to respond to the problem and propose solutions.

In dealing with a problem of such human proportions, it is not enough to enact child abuse laws providing solely punitive answers. Retribution as a major

philosophy in criminal law has become, thankfully, outdated. Instead, a positive rehabilitative approach towards both the parents and the child can lead to an elimination of the causes of abuse.

Children hold little representative or lobbying power. *We* are responsible for providing for their protection and treatment, and we must embrace that responsibility with sincere dedication and creative initiatives.

Detailed studies have revealed that prevention and treatment programs can effectively relieve the problems of abuse and neglect. Dr. Henry Kempe, director of the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, has dealt extensively in both the investigation and the treatment of abuse and neglect. He has found that parental abusive action is very strongly correlated with their own childhood experiences of abuse or neglect. In addition, studies have indicated that with careful attention to both parent and child, 90% of the abusive parents are "readily treatable". His program includes not only a full center for protection and treatment, but also "Parents Anonymous", a 24-hour crisis nursery, a day care center and lay therapists who act as surrogate parents in supplying missing love.

The success of his work provides conclusive evidence of the necessity and efficacy of such a treatment and prevention center. If we fail to intervene, if we fail to provide the treatment and service we know are needed, the problem will continue to climb to even more tragic and monumental proportions.

Today, the problem of abuse and neglect is both acknowledged and unchallenged. The question is not one of gathering support, but rather of determining the most responsible and effective solution given the resources and the expertise that are currently available.

In response to the insufficient laws that are now in effect in the District of Columbia, I have introduced, along with my good colleagues on this committee Mr. Stuckey and Mr. Fraser, a bill to establish an agency for the prevention of child abuse in the District of Columbia. This bill establishes a center for the prevention of child abuse with a multi-disciplinary staff and a confidential central registry. In addition, the bill expands the reporting requirements for those who become aware of a case of abuse or neglect. Contingent with the report, it provides full immunity from liability, civil and criminal proceedings and excludes all confidential privileges except for that between lawyer and client. Finally, it deals with judicial procedures with the best interests of the child being of primary consideration.

As a vigorous supporter of home rule, I am sensitive to the limited goals we can achieve. The value of these hearings lies in providing an open forum for the exchange of ideas. I am confident that this opportunity for expert testimony will prove invaluable in the development of a program that will best meet the needs of the abused and neglected children in the district. In particular, I feel that our proposal offers a progressive solution to a problem that requires and merits our serious attention and immediate reaction. Its emphasis on positive rehabilitation and stringent regulations underlies this constructive approach. It is my hope, therefore, that the final recommendation along with the complete record of these hearings will both reflect our sincere concern and encourage expeditious review and enactment by the new District of Columbia city council.

Basically, there are two social philosophies or approaches to the problems posed by child abuse and neglect. They each stem from different attitudes prevalent in the present criminal law system. The first emphasizes retribution to abusive parents, and the second holds as its main tenet the prevention of further abuse to the child through a comprehensive service program.

Briefly, the first philosophy, by concentrating on retribution to parents, reflects an out-dated preoccupation with punishment and disgust with the alleged "criminal". This attitude focuses on the actions of the abusive parents instead of trying to improve the existing conditions. As a result, negative effects often arise.

First of all, lack of evidence to sustain the legal burden of proof promotes an invasion of domestic privacy. Secondly, it is very likely that the parents will avoid seeking medical aid when the possibility of criminal prosecution is imminent. Third, doctors too may resist reporting suspected cases of child abuse or neglect if they foresee involvement in public, criminal proceedings. Finally, punishment of the abusive parents doesn't attack the core problem. It fails to promote treatment for the parents and child, and consequently no positive rehabilitative solution is procured. In all of the above cases, then, it is the child who suffers, and nothing is gained by publicly slapping the parents' hands.

The treatment and service philosophy, on the other hand, proposes a two-pronged approach, an approach which deals with both the parents and the child. By recognizing that in the abusive parents there are deeper emotional problems, this approach provides the basis for a compassionate and instructive program of rehabilitation. The parental program, by concentrating on guidance and counseling, directs the involved parties toward a more mature acceptance of parental responsibility.

To further promote treatment and prevention from future abuse, this plan encourages child protective programs with the following responsibilities:

(1) To explore and determine facts of neglect and abuse,

(2) To assess and evaluate damage to the child,

(3) To initiate appropriate social work services to remedy the situation, and

(4) To invoke the authority of Juvenile court in those situations where removal from parental custody must be sought in the best interests of the child.

It is widely acknowledged that a desperate need exists for programs that will help identify, treat and prevent child abuse and neglect. But in order to develop a workable and effective solution, it is imperative that several critical areas be more closely examined. These aspects include a more precise definition of abuse and neglect, detailed methods of reporting, and provisions for immunity and exclusion of privileges.

Discrepancies in defining abuse and neglect arise over the questions of frequency, the amount of physical and/or emotional bantering, visible effects, and parental remorse. Studies have shown that the first abusive injury a child receives is rarely fatal, but that there is a good indication that a subsequent injury will be fatal or maiming. The task, then, is to learn to recognize the symptoms—the evidence—of child abuse. Private citizens, as well as members of the health care professions, must become aware of the gravity of proper identification and immediate action.

Since 1963, every state has passed or updated its laws regarding Reporting of child abuse and neglect. But they have fallen far short of a comprehensive proposal. As the present laws stand, many cases go unreported. One reason is that doctors may be reluctant to approach the subject of child abuse if they know the parents involved. Statistics reveal this hesitancy: In New York City only 8 of 7000 written reports came from private physicians. Another obstacle to effective reporting is inherent in this society's "passive consciousness". Too many people would rather accept a parent's unrealistic explanation than deal with the horror of the crime itself.

The effects of adequate mandatory reporting are well documented. After the state of California enacted a mandatory reporting law, over 1600 reports were received in the first five months. Reporting laws have also spurred welfare departments and other agencies to publicize the problems of child abuse and neglect. As a result, symposia, panels, speeches and literature have been employed to educate the public.

These facts indicate that reporting laws have had beneficial, though limited, effects, but it is necessary that they be expanded to include full immunity and stricter standards so that the child's best interests are fully considered.

Immunity under the present District of Columbia statutes is granted to all physicians and health professionals employed in a hospital or institution. It is *not* granted to other professionals in the community, school personnel or neighbors. This exclusion reduces the input of concerned individuals who might otherwise have been influential in bringing the case to the attention of the proper authorities. Without the existence of a more comprehensive immunity clause, the child is placed in a disadvantaged position. If expanded, this immunity would offer protection from liability with respect to the making of "good faith" reports of suspected abuse or neglect.

Finally, the District has *no* Central Registry on abused children to which the medical profession can refer on cases of suspected abuse or neglect. This local problem is compounded because many suspected abusive parents come from the surrounding Virginia-Maryland metropolitan area. Without a registry parents can too easily avoid discovery by switching doctors or hospitals.

These failures in the present laws clearly illustrate that punitive measures are not entirely effective. Most laws do not even require any followup or treatment once a case of abuse has been reported. A multi-disciplinary network of protection needs to be developed to implement the good intention of these child abuse laws.

In response to these inadequate legal avenues, I have proposed, along with my good colleagues on this Committee, Mr. Stuckey and Mr. Fraser, a bill for the establishment of a child abuse Treatment and Prevention Center in the District of Columbia. It is our hope that this proposal will address itself to the needs of the abused children, and will redress many of the deficiencies in the present laws.

SECTION-BY-SECTION ANALYSIS OF H.R. 15779

The Purpose Clause states that abused and neglected children are to be provided with the necessary resources and services to remove the causes of abuse from their home environment. It directs the District of Columbia to establish a Prevention Center with a multi-disciplinary staff, a confidential central registry, and stringent reporting regulations. The aim is to protect the health, safety, and welfare of the child concerned, to prevent further abuse, and whenever possible, to preserve the existing family unit. Responsibility for ensuring these rights lies with the Commissioner of the District of Columbia through the Center for Child Abuse.

Title I.—Section 101 establishes a Center for the Prevention of Child Abuse as an individual agency of the District Government. The full-time Director holds responsibility for administration, coordination of public and prvate resources, and the development and mantainance of a supportive program for families with child abuse or neglect problems. In addition, he is required to establish and maintain a training and informational program to educate his employees and the general public concerning the issue of child abuse prevention. Finally, he must file a yearly by report with the Mayor and City Council of the Center's activities.

The staff of the Center shall include at least one full time multi-disciplinary team of professionals to treat each case of child abuse or neglect. Additional personnel for additional teams can either by hired full time by the Center or may be secured from the appropriate public and private resources.

In addition to cases referred to the Center from reporting agencies and individuals, the Center may treat volunteers, but the Director must take specific action to assure that the individual rights of all persons involved are fully protected.

Central Registry.—The Director shall maintain a confidential registry of child abuse cases for use by the Center, the police, Corporation Counsel, hospitals, and the courts. The rights of anyone subjected to a report in the registry are to be protected. The bill emphasizes that data shall not be transmitted without consent of the persons concerned and unless the receiving jurisdiction has comparable safeguards on the use and dissemination of such data. This protection includes sealing of the record in most cases when the child reaches the age of eighteen.

Title II.—Reporting of child abuse cases. Medical personnel and child care professionals are mandated to report suspected cases to the center or to a specially designated unit of the Metropolitan Police. In addition, any person who has reason to believe a child is being abused may report the abuse. The Metropolitan Police are directed to investigate the report, and whenever a situation of potential abuse appears high, the Police are instructed to immediately report the case to the Center for further investigation and treatment.

In addition, the bill ensures full immunity from liability, civil or criminal, and for any judicial proceeding. It also waives confidential privileges, except for that between attorney and client, when such waiver would serve the public justice.

To assure public cooperation in this matter, penalties are established for those individuals or agencies who willfully fail to make such a report. These penalties shall include a fine not greater than $1000 or imprisonment for not longer than thirty days, or both.

Definitions of abuse and neglect are worded to include the siblings of abused or neglected children so that the Center can also serve them.

Termination of Parental Rights.—In those cases where the treatment of the Center fails to solve the problems of abuse or neglect, the Courts are instructed to consider the alternative of terminating parental rights. This is done so that the children in these cases can be put up for adoption instead of living in a string of Foster Homes. At all times, the best interests of the child are to be given full consideration. This determination shall consider the preservation of continuity of care for the child, the quality of the interaction and interrelationship of the child with his parent or guardian, the child's own determination of his own best interest, and the mental and physical health of all individuals involved.

The final section states that the provisions of this Act shall be effective only for the first 12 full calendar months following enactment unless extended by the

Council of the District of Columbia. In the light of home rule, this provision ensures prompt attention and action by the governing board of the District.

Mr. STARK. I would also like to submit, at this time, a letter from Congresswoman Schroeder and some testimony of Judge Ketcham that appeared in "The Daily Washington Law Reporter," which, I think, touches on this legislation.

Mr. MAZZOLI. Without objection, that material will be made a part of the record.

[The documents follow:]

D.C. SUPERIOR COURT

ADOPTION—PARENTAL RIGHTS

After hearing, court finds that biological mother withholds consent to adoption contrary to best interests of child and adoption is granted

In the Matter of J. S. R., Superior Court D.C., Family Division, J-0084-69, 8501-72-A, June 18, 1974. *Opinion per Ketcham, J.*

KETCHAM, J.: This Court has before it two petitions, relating to the same six year old male infant known as J. S. R. One docket is No. J-0084-69 in which there is now a motion to terminate the parental rights of the biological mother (hereinafter referred to as Mrs. Robinson), the other is No. 8501-72-A in which the adoption of J. S. R. is sought by prospective adoptive parents, (hereinafter referred to by the fictitious name of Mr. and Mrs. Jones). The Court combined (rather than consolidated) the two proceedings because they are inherently interrelated. An attorney had been retained by the prospective adoptive parents, another had been appointed to represent the child's interest, a third was appointed to represent the biological mother, and an Assistant Corporation Counsel participated as a representative of the Social Rehabilitation Administration, to whose legal custody this Court committed the child several years ago in J-0084-69 after finding that his mother was then unable to provide him with adequate parental care.

At the beginning of the hearings, the Court allowed the motion of the child's attorney for termination of parental rights in J-0084-69 to be amended to constitute a prayer that this Court, under 16 D.C. Code § 304(e), grant the petition for adoption in 8501-72-A, on the grounds that the mother's consent to the adoption has been withheld contrary to the best interests of the child. Thereafter, the Court proceeded to hold hearings to determine what was in the best interests of J. S. R. The Court provided the biological mother's counsel with a copy of Petition for Adoption after deleting the names and addresses of the prospective adoptive parents.

Two days of hearings were held during which the Court and all four attorneys interviewed or heard testimony from all of the principals and numerous other witnesses, a total of twelve persons in all. Since Mrs. Robinson has only seen J. S. R. for a few hours since birth and the child has no present memory of his mother and because the Court wished to protect the anonymity of the prospective adoptive parents as much as feasible, courtrooms in different buildings were utilized for the hearings so that the biological mother and her family did not come into contact with the prospective adoptive family. Both lay and professional witnesses provided information and opinion on the best interest of J. S. R. Counsel for all parties were permitted the opportunity for cross-examination of each witness. After the hearings each attorney submitted both oral argument and a written memorandum distilling his or her position for the Court.

Despite requests by the biological mother to see J. S. R., the Court decided that contract between the biological mother and the child while the case was being heard and was under advisement would be a disruptive influence on the lives of the parties. Accordingly, it denied the biological mother's request to see her child *pendente lite*.

Background facts

J. S. R. was born on December 30, 1967, in D.C. General Hospital. His mother, Mrs. Robinson, was married and the mother of two other children, but J. S. R. was not the child of her husband from whom she had been separated for more

than a year. Because Mrs. Robinson was subsequently diagnosed as having multiple sclerosis and because she was unable to care or provide a home for him, J. S. R. remained at the hospital after birth. Mrs. Robinson placed him in the temporary care of the Department of Public Welfare at that time. On October 1, 1968 a complaint was filed with the Juvenile Court by the Department of Public Welfare alleging that the respondent child, J. S. R., was without adequate parental care. On January 7, 1969 a petition (J-0084-69) was issued by the Corporation Counsel's Office asking that the Juvenile Court of D.C. commit J. S. R. to the Department of Public Welfare (now known as the Social Rehabilitation Administration) as a dependent child in need of care and supervision. On January 22, 1969, the Juvenile Court (Judge Morris Miller) found the respondent to be homeless and without adequate care and ordered J. S. R. to be committed to the Department of Public Welfare for an indeterminate period of time.

In the months immediately following J. S. R.'s birth, Mrs. Robinson sought to place him for adoption, but the Department of Public Welfare, for administrative or policy reasons, declined to accept her consent to adoption at that time. She has never executed a Consent to Adoption and in recent years has repeatedly refused such consent.

On June 19, 1970, the Juvenile Court (Judge Orman W. Ketcham), after an *ex parte* review of the indeterminate commitment, ordered the respondent committed to the Department of Public Welfare for a period of time not to exceed his 18th birthday (December 30, 1985). This order required said Department to provide J. S. R. with food, shelter, clothing, education, medical care and all the necessities of adequate parental care until he could be safely returned to his mother's custody or until J. S. R. attained 18 years of age. This order authorized foster home placement, but it did not authorize adoption placement an did not terminate J. S. R.'s mother's residual parental rights.

On December 14, 1971, J. S. R. was put in the custody of Mr. and Mrs. Jones as foster parents by the Social Rehabilitation Administration. He has lived there continuously until this date. Either because it erroneously believed that J. S. R. had been legally released by his mother for adoption or because it did not accept or understand the limited authority granted by the Court order of June 19, 1970 in J-0084-69, the Social Rehabilitation Administration encouraged the Joneses to petition for the adoption of J. S. R. The Joneses, who apparently were unaware that the biological mother had not consented to adoptive placement, did file a Petition in Adoption on December 5, 1972 (8501-72-A). Because the mother refused to give her consent, the Clerk of the Court had not previously scheduled this petition for a judicial hearing. On March 20, 1974, a Motion to Terminate Parental Rights was filed in J-0084-69 by counsel on behalf of the child and with the express approval of the Social Rehabilitation Administration. This was apparently done to break the stalemate and with the intent to give the Social Rehabilitation Administration the power to "consent" to the adoption petition.

Jurisdiction

The Court was met at the outset by the biological mother's motion to dismiss the Motion to Terminate Parental Rights. She contended that the Court lacks jurisdiction to terminate the parental rights of a biological mother in a neglect case.

In this case, however, the Court found it unnecessary to decide whether it has the inherent power to terminate parental rights in a neglect action under Neglect Rule 18(c), because that power implicitly has been granted by statute in adoption cases where the consent of the parent has been withheld contrary to the best interests of the child. Since the Court has before it actions for both neglect and adoption, it has allowed counsel for the respondent child to amend its motion in the neglect case to allege 16 D.C. Code § 304(e) as a jurisdictional basis for its motion for termination of parental rights. Thereupon the Court proceeded to hear this motion in the context of the adoption case.

Conclusion

The Court gave serious consideration to the plea of J. S. R.'s biological mother that her son be returned to her exclusive care and custody. Mrs. Robinson's blood relationship to the child entitles her to first consideration, even though the child has never known his natural mother. Moreover, the unauthorized refusal of the Social Rehabilitation Administration to permit Mrs. Robinson to visit her son during the last two years and their encouragement of the adoption

petition create sympathy for her plea. But this Court has steered its course by the requirements of the "best interests of the child." So viewed, this Court is convinced that this child's biological mother has withheld her consent to her son's adoption by the prospective adoptive parents contrary to the child's best interests. Therefore, this Court grants the Petition in Adoption No. 8501–72–A. (Implicit in this decision is the fact that the residual parental rights of the child's biological mother are hereby terminated. No putative father has ever been identified.)

The Court reached this conclusion for the following reasons.

Mounting empirical evidence indicates that a child's well-being and growth are enhanced by a stable home setting in which his psychological needs for love, discipline and nurture are consistently provided. Change in his home setting is invariably detrimental in the short run, and, if repeated frequently, results in a sociopathic personality which finds it difficult to trust and relate to others with confidence. Dr. Alan B. Zients, the psychiatrist from Children's Hospital and a forensic psychiatric consultant to the D.C. Department of Human Resources, testified after an examination of the child J. S. R. that J. S. R. has already experienced some personality damage from the several changes which occurred in his first four years, but is beginning to grow in trust and confidence in the nurturing home of the prospective adoptive parents. In the considered opinion of Dr. Zients, "the least detrimental alternative" for J. S. R. would be to be continued and permanently established in the household in which he is now living, the home of the prospective adoptive parents. Another change in setting would undoubtedly set back his growth and hence not be in his best interests.

In this case, through circumstances to some extent beyond the control of Mrs. Robinson, J. S. R. presently knows no other parents than Mr. and Mrs. Jones. They have become his psychological parents. To return him to the custody of his biological mother now because of his blood relationship would be traumatic and would require another major adjustment not deemed to be in the best interests of J. S. R.

The physical and psychological needs of J. S. R. are now being met by Mr. and Mrs. Jones. Their interaction, companionship and effection for the child is manifest. The letter which the Court received from their adopted son, now a young adult, indicates an additional wholesome tie available to J. S. R. if this petition for adoption is granted. The child is clearly wanted by the prospective adoptive parents.

J. S. R. is also now wanted by his biological mother. But her reasons appear more selfish. Her expressed belief is that a mother has the right to keep her own child. She is a victim of multiple sclerosis with a severely shortened life expectancy. She is dependent upon practical nurses, her other two children and new husband for most of her physical needs. She and her husband and two children now live in a one bedroom apartment. The D.C. Department of Human Resources provides most of the funds for her and her children, supplemented by the meager and sporadic income of her new husband. Although comparison of economic well-being is low on the scale of this Court's consideration of what is in "the best interests of the child," there is little doubt that J. S. R. would be materially better provided for by the prospective adoptive parents.

The biological mother has overcome obstacles that made it necessary to declare J. S. R. to be "without adequate parental care" in 1970. Today she and her new husband maintain a viable, if marginal, home for her two older children. If the Court's only choice was between continued foster home placement or returning J. S. R. to his biological mother's home, this Court would, in today's circumstances, definietly set aside the present order of commitment and return him to Mrs. Robinson's care and custody.

But today there is a third possibility because of the petition filed by the prospective adoptive parents. Because it seems to this Court to assure the greatest possibilities for maximum continuity of relationships, surrounding and environmental influence, the Court believes that his adoption is in the best interests of J. S. R.

When a judge ascends the bench he is usually given a robe and gavel. A crystal ball is not provided. The law does not afford him the capacity to see into the future. If this Court could lift the curtain of the future and predict the fate which the Almighty intends for Mrs. Robinson or Mr. Jones or Mrs. Jones, it would be much easier to determine what is in the best interests of J. S. R. Without prescience and with a knowledge of my judicial limitations, but relying upon

seventeen years of experience, this Court is convinced by a substantial preponderance of proof in the particular circumstances of this case that the alternative of adoption is the course which is best for J. S. R. Consequently, the Court finds that Mrs. Robinson's refusal to consent is contrary to J. S. R.'s best interests and the adoption is granted despite her refusal to agree.

The child, who was previously committed to the legal custody of the Social Rehabilitation Administration until his 18th birthday by this Court's Commitment Order of 1970 (J-0084-69) will continue in such custody under that Order until the Final Decree in Adoption (8501-72-A) signed this date takes effect. Thereafter, the order in J-0084-69 shall stand revoked, the commitment of J. S. R. to the legal custody of the Social Rehabilitation Administraton terminated, and the docket closed.

TESTIMONY OF REPRESENTATIVE PATRICIA SCHROEDER

Mr. Charman: I regret that my schedule does not permit me to appear before you in person, but I am very pleased to have this opportunity to submit testimony to you and your committee on Representative Stark's fine bill to provide the District of Columbia with the tools with which to deal with the tragic problems of child abuse.

The reality of child abuse has only recently become apparent to legislators and the American public in general, although the seriousness of the problem has been recognized by workers in the field for years. One hundred years ago the first reported case of child abuse was pursued by the Society for the Prevention of Cruelty to Animals; there were no protective services for children. One hundred years later, we still do not know with any certainty the number of children who are abused, although we do know now that the number is in the tens of thousands and that the number of cases reported continues to represent only a fraction of the undetected, unreported instances of abuse.

Last year the Congress focused on the issue for the first time. Rep. Stark joined me in sharing the privilege—and the agony—of attending hearings on legislation I had introduced to deal with the problem of child abuse on the national level—the Child Abuse Prevention and Treatment Act of 1973. Witness after witness told us that child abuse is not confined to any particular socio-economic group, nor any particular ethnic, religious or racial group. It cuts across all levels of society, from laborers to professionals, from partial grade school educations to advanced degrees, from low I.Q. levels to superior ones. It is found in small towns and in big cities. It is truly a nationwide problem.

While we don't know with any certainty how many children suffer and die each year from child abuse and neglect, we do know that successful methods are being developed to deal with the problem. We know also that most abusive parents were themselves victims of child abuse. The widely acclaimed National Center for the Prevention and Treatment of Child Abuse in my home city of Denver has found, however, that all but a small percentage of child abusers can successfully fulfill their role as parents with the right kind of help.

The passage of the Child Abuse Prevention and Treatment Act last year signalled the beginning of Federal initiative and commitment in providing the help that is so desperately needed by the families who suffer from this tragic sickness. Rep. Stark's bill is a needed complement to this Act. By establishing a Center for the Prevention of Child Abuse as an independent agency within the District Government, his bill makes use of the great strides made by the Denver Center and other groups in dealing with the problem of child abuse. Rep. Stark's legislation calls for the inclusion of at least one full-time multi-disciplinary team to treat each case of child abuse and neglect. The multi-disciplinary approach, involving the services of a pediatrician, psychiatrist, attorney, and social worker, has been used in the Denver Center with enormous success: 80% of the children treated in this program have been able to be returned to their natural parents within 8 months with no repetition of abuse.

Rep. Stark's bill is a bill of hope. His bill can mean that the people of the District of Columbia will be able to begin to break the vicious cycle of child abuse. We can reaffirm our commitment to the total health and well being of the children of this city by passing his legislation.

Thank you.

Mr. STARK. The process that we are going to go through is painful.

as a psychotherapist, but rather her role is to act as a good friend and behavioral model to the abusive parents.

Kempe has pointed out that about 90% of abusive parents have themselves experienced much emotional deprivation and poor mothering during childhood; thus, the community aide serves also as a model of what behavior constitutes "good mothering." Parents who abuse their children frequently experience recurrent crisis situations which could again result in child abuse; consequently, it has been imperative that the community aide be available around the clock for any emergency situation.

The social worker has three major roles. He is the administrative coordinator of the program, as well as the family therapist for the parent (in single parent families) or parents. Additionally, he provides individual supervision to the community aide, thereby coordinating team goals in a common direction. The pediatrician is available for medical evaluation on the abused child as well as other family members and for consolidating pertinent medical data from other area physicians.

PROCEDURES IN THE PROGRAM

Medical care in many families participating in the Program has been fragmented with involvement of many different clinics and agencies; thus, the nurse functions as a liaison in coordinating past medical and social agency data to gain a clearer perspective of the family's current needs.

The psychiatrist provides consultation regularly to the coordinating social worker and is present at all the weekly meetings, at which time new families are considered for acceptance into the program. Following social background provided from interviews, the psychiatrist interviews the parents in the presence of the team. Psychodynamics operating within the family system are discussed after the interviews and a team decision is made concerning acceptance of the family into the program. If a family is accepted, a preliminary treatment approach is decided upon. If a family is felt unlikely to benefit from the program, alternative recommendations are made to the referring agency detailing the best approach for assisting the family. All team members have input into the decision-making process regarding acceptance of a new family into the program and in terms of treatment approach.

Team meeting time is also utilized to reevaluate families currently in the Program. Everyone has responsibility for providing input into the discussion. Much of the input data at the follow-up sessions is provided by the community aide, who has had the best opportunity of observing the family interaction in the home.

Results: Thus far, the team has provided services for nearly 30 families. Participation in the project reduced the potential for child abuse absolutely. Confirmation of this finding is to be seen in the fact that, to the project's knowledge, no further instance of physical abuse of the child of an abusing parent has been reported either by a member of the project staff or by a staff member of the referring agency in an active case.

Cost benefit calculations show that the project expends approximately $2,600 per year per active case carried throughout the year. This figure may seem high but is it not instead an economical use of resources? Comparing cost figures with those typical of medical clinics, it must be remembered that each of the families served by the project came with a "disease" whose presence had been established. It must be noted here that the $2,600 figure is also dependent on the fact that Sinai is a community hospital, a fact which may indicate higher or lower cost per case in other facilities.

Thus, for comparison purposes one should compare families served by the Child Abuse Project with those children served in a medical clinic who are found to be suffering from a defined, sometimes fatal, disease. Prevention of abuse to siblings of the child raises the ratio in the direction of benefit by a considerable margin.

It is my view that much of the financial and human resources now going to institutional and medical care could be better utilized in the prevention and treatment of the causes of child abuse and neglect and on rehabilitation of those so helpless that they strike out at a child.

Soon after the laws were enacted, it became clear that several problems limited the effectiveness of reporting as a measure toward prevention, treatment, and control. Many physicians, especially those in private practice, continued to be either unaware of the provisions of the law, or, though aware, were hesitant to comply with its requirements:

Deficiences in Present Law

An even more serious problem in most communities, the District of Columbia included, is the inadequacy of special child welfare services. The inability to deal constructively with the abused child, his siblings, and his parents, once an incident is reported, may turn reporting into a futile formality. A leading authority on legal protection against child abuse has said:

> Reporting is of course not enough. After a report is made, something has to happen. A multidisciplinary network of protection has to happen. A multidisciplinary network of protection needs to be developed in each community to implement the good intention of the law. . . . The legislatures which require reporting but do not provide the means for further protective action delude themselves and neglect children.

Unfortunately, fiscal limitations in the public sector often make it impossible for these agencies to accomplish more than making an investigation of the incident and crisis placement for the child or children. A constant complaint is that they are unable to provide adequate counseling or follow-through on most families. In terms of case management, the obvious problem is in trying to provide comprehensive services to families in need when these services are only offered in the most fragmented and disorganized fashion. Attempting to provide families with casework, homemaking services, psychiatric services, medical services and others becomes an impossible nightmare of paperwork and red tape, which frustrate both patient and professional alike.

Team Approach

The team approach to coping with and helping abusive families and children has developed out of this past confusion. These teams are composed of professionals and nonprofessionals brought together to provide accessible, intensive, and comprehensive services to these troubled people.

A major goal is to initate positive changes in family dynamics so the parents can maintain their parental responsibilities while insuring an adequate environment for the safe growth and development of the children.

Child Abuse Program in Baltimore

Specifically, let us follow an actual example of the successful Sinai Hospital Child Abuse Program in Baltimore. A specific example and its results are injected here to shed light on the questions does the multidisciplinary approach such as envisioned in both H.R. 15779 and H.R. 15918 work? and how does it work? At this point, I would like to express my exceeding admiration of Dr. Robert S. Chabon, Pediatrician-in-Chief at Sinai and his associates Geoffrey B. Barnes, MSW and Dr. Leonard J. Hertzberg, for the outstanding and innovative contribution they are making in the field of child abuse and neglect. I am also indebted to Dr. Chabon for providing me information concerning the Sinai Program.

The Sinai Hospital Child Abuse Program is a multidisciplinary team approach to aiding families in which a child has been physically abused. The team consists of a pediatrician, social worker, nurse, psychiatrist, and community aide. Roles have remained distinct within the team with much of the primary family service being provided by the person with the least formalized training, the community aide.

The community aide is a 30-year-old, black married female. She is a high school graduate with two years of experience in computer operations. Her previous work experience incindes assisting in visual testing of school children, working in a hospital medical records department, and being a short order cook. Her major function within the Child Abuse Program consists of meeting with family members within their own home; in no way is she expected to function

as a psychotherapist, but rather her role is to act as a good friend and behavioral model to the abusive parents.

Kempe has pointed out that about 90% of abusive parents have themselves experienced much emotional deprivation and poor mothering during childhood; thus, the community aide serves also as a model of what behavior constitutes "good mothering." Parents who abuse their children frequently experience recurrent crisis situations which could again result in child abuse; consequently, it has been imperative that the community aide be available around the clock for any emergency situation.

The social worker has three major roles. He is the administrative coordinator of the program, as well as the family therapist for the parent (in single parent families) or parents. Additionally, he provides individual supervision to the community aide, thereby coordinating team goals in a common direction. The pediatrician is available for medical evaluation on the abused child as well as other family members and for consolidating pertinent medical data from other area physicians.

PROCEDURES IN THE PROGRAM

Medical care in many families participating in the Program has been fragmented with involvement of many different clinics and agencies; thus, the nurse functions as a liaison in coordinating past medical and social agency data to gain a clearer perspective of the family's current needs.

The psychiatrist provides consultation regularly to the coordinating social worker and is present at all the weekly meetings, at which time new families are considered for acceptance into the program. Following social background provided from interviews, the psychiatrist interviews the parents in the presence of the team. Psychodynamics operating within the family system are discussed after the interviews and a team decision is made concerning acceptance of the family into the program. If a family is accepted, a preliminary treatment approach is decided upon. If a family is felt unlikely to benefit from the program, alternative recommendations are made to the referring agency detailing the best approach for assisting the family. All team members have input into the decision-making process regarding acceptance of a new family into the program and in terms of treatment approach.

Team meeting time is also utilized to reevaluate families currently in the Program. Everyone has responsibility for providing input into the discussion. Much of the input data at the follow-up sessions is provided by the community aide, who has had the best opportunity of observing the family interaction in the home.

Results: Thus far, the team has provided services for nearly 30 families. Participation in the project reduced the potential for child abuse absolutely. Confirmation of this finding is to be seen in the fact that, to the project's knowledge, no further instance of physical abuse of the child of an abusing parent has been reported either by a member of the project staff or by a staff member of the referring agency in an active case.

Cost benefit calculations show that the project expends approximately $2,600 per year per active case carried throughout the year. This figure may seem high but is it not instead an economical use of resources? Comparing cost figures with those typical of medical clinics, it must be remembered that each of the families served by the project came with a "disease" whose presence had been established. It must be noted here that the $2,600 figure is also dependent on the fact that Sinai is a community hospital, a fact which may indicate higher or lower cost per case in other facilities.

Thus, for comparison purposes one should compare families served by the Child Abuse Project with those children served in a medical clinic who are found to be suffering from a defined, sometimes fatal, disease. Prevention of abuse to siblings of the child raises the ratio in the direction of benefit by a considerable margin.

It is my view that much of the financial and human resources now going to institutional and medical care could be better utilized in the prevention and treatment of the causes of child abuse and neglect and on rehabilitation of those so helpless that they strike out at a child.

Mr. Chairman, my intent as a co-sponsor of H.R. 15779 is to focus on the critical problem of child abuse and neglect in the District of Columbia and to show my interest in working with others to hopefully find a way to help solve, or at least reduce, this problem and give aid to the perpetrators and the injured. Just how we do this is the subject of these hearings and I am amenable to suggestions for change in language in H.R. 15779, if such is indicated. I, like you here today, desire a plan which will work: one which is practical, efficient and compassionate.

Mr. MAZZOLI. We would like to start our panels. The panel from the District of Columbia Government—Mr. Yeldell. I understand he is not now with us this morning, but nonetheless, perhaps his people from the Department of Human Resources could come forward at this time.

Mr. BARR. Mr. Chairman, we are advised that Mr. Yeldell is en route right now.

Mr. MAZZOLI. Perhaps we could shift the sequence, then, if there is no great difficulty, and hear from the medical panel, Dr. Annette Heiser and her Child Abuse Team, and Dr. Green, from the Children's Hospital.

Would there be any difficulty in going forward now? If not, would they step forward?

When Mr. Yeldell comes, we will get to his testimony.

Dr. Annette Heiser, accompanied by Beverly Steele, and Dr. Frederick Green, Director of Child Advocacy Project of Children's Hospital. Your prepared statements will be carried in full in the record.

[The statement referred to follows:]

PREPARED STATEMENTS OF ANNETTE HEISER, M.D., ASSISTANT PROFESSOR OF PEDIATRICS, CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER, COORDINATOR CHILD ABUSE TEAM, AND BARBARA STEELE, MSW, CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER

Mr. Chairman, Children's Hospital National Medical Center of Washington, D.C. is gratified that the Committee on the District of Columbia is considering a bill which deals with the complicated and serious problem of Child Abuse within the District of Columbia.

CHILD ABUSE IN THE DISTRICT

We are confronted with this problem daily at Children's Hospital where we reported approximately 120 cases of suspected or actual child abuse in 1973. Of these, there were four deaths. It is the seventh most common medical diagnosis admitted. These children and families are in need of many services which require the cooperation and coordination of multidisciplines within and without the hospital.

Presently, primary responsibility for the care and protection of these abused children rests with the hospital physicians, social workers and nurses, child life workers, and with numerous official agencies outside the hospital. The latter comprise an "extended" community team. These agencies are: The Youth Division of the Metropolitan Police Department to whom we report cases, the Juvenile Branch of the Superior Court (including Judges and Social Workers, Corporation Counsel and volunteer Attorneys), the Protective Services and Special Service Branch of the Social Rehabilitation Administration of the Department of Human Resources and community Nursing Services. We are quite dependent upon them for decisions regarding the future care and protection of the children admitted to the hospital for child abuse.

With so many people involved coordination and education are key concerns of our team as advocates for the family. Our efforts have included meetings with

members of the Youth Division, who now have a specialized force of officers who investigate the abuse and neglect cases with much expertise. These officers often attend the child abuse team meetings when their case is discussed.

The office of Corporation Counsel has developed a very sophisticated staff regarding child abuse. Three lawyers have been assigned to the cases and have had very successful dispositions. This is in part attributed to excellent communication with our team and the Youth Division and other personnel involved. The Corporation Counsel has been instrumental in increasing the awareness of other hospitals in the area regarding child abuse. As a result, we have acted as consultants for several hospitals who are forming child abuse teams.

We have written letters and attend meetings urging that Protective Services be maintained as a unit although present plans call for decentralization and generalization of social workers within the Department of Human Resources. We see a need for more specialized social workers who are experts in dealing with abusive families and who can make frequent home visits and obtain needed services.

However, we become very frustrated because the help the families need is often not available in the form of adequate mental health facilities, parent groups, crisis day care, job opportunities, better housing, etc. For the children who are removed from their homes, there are inadequate numbers of specialized foster homes.

Problems for Attention

In summary, an outline follows of some of the problems from our perspective that need to be dealt with in order to provide the best dispositions for child and family.

Inadequate therapeutic facilities for treatment of families.

Inadequate residential treatment facilities for children.

Inadequate numbers of special foster families for children with emotional problems associated with child abuse.

As a result of the above, children in the custody of SRA stay in an acute care hospital (Children's) for prolonged periods of time awaiting the proper placement.

When children return to their homes, Protective Services is the most important agency for continued contact and help to abusing families (50% of the children suspected of abuse returned home in 1972; 25% return to the hospital more seriously abused when no rehabilitation is available.)

Children have returned to the hospital more seriously abused after having been in temporary placement and then returned to their own families.

When an abused child is removed from the home through court procedures, too often, their sibling later becomes abused.

Many abusing families seek medical attention at several different facilities. There is no system of obtaining histories of past suspicious injuries within the city.

Alternative Solutions

Various modalities of therapy suited to an individual family's needs, eg. parents anonymous, lay therapists, individual and group psychotherapy.

Preventive programs that might include crisis day care facilities, parenting classes in schools.

Residential psychiatric treatment facilities.

Foster homes specially reserved for abused children with on-going support and counseling.

Interim placement facilities for children awaiting trial and disposiiton hearings that would provide treatment and a "homey" atmosphere.

Retention of Protective Services as a specialized unit; possibly to have these social workers involved with the family from beginning to end of legal and treatment process.

Provision for siblings of abused children to be examined and safety insured.

Confidential central registry for Metropolitan area.

Attached is a chart (figure No. 1) depicting the flow of a battered child from presentation and admission to Children's Hospital, and into the system for pro-

tection and treatment of this child in this community. Flow on the left indicates the court process by which a child is removed form an unsafe environment. Flow on the right indicates the varied processes by which the child remains in the home or is returned home.

CHILD ABUSE TEAM

As stated previously, we have tried to approach this problem at Children's Hospital by forming the Child Abuse Team. Each child who is battered or suspected of being battered is admitted to the hospital. Team members are notified and see the child and family. At this point, consideration of the child's siblings is also critical. The case is reported to the Youth Division of the Police Department. They investigate, and if they concur with the battering charge, a hold order is placed on the child to be retained in the hospital for five days. Within 24 hours of placing a hold, a detention hearing is held at the Juvenile Branch of the Superior Court to determine if a civil trial for neglect should be held. If not, the child can return home when medically indicated. If there is reason for a trial, the child is placed in the temporary custody of the Social Rehabilitation Administration (S.R.A.), which then places the child in a foster home or institutional care, pending the ruling of the trial judge. The hospital's direct involvement is then limited except for those who testfy in court. A court probation officer has now become involved with the family to make a home study for the court's information and for recommendation to the court.

When the disposition of the trial court is to commit the child to S.R.A., the commitment may be renewed periodically, parental rights may eventually be terminated by the court, or the child may be ordered back home to his natural family. The child could also be returned home at the time of the trial.

If the child is sent home by Youth Division or after the detention hearing, the team makes an immediate referral to the Protective Services branch of S.R.A. Provisions are also made for follow-up by community nursing services, the clinic and whatever other agency is available.

Whether the child is removed from the home then, or returned to it, the flow is to the Social Rehabilitation Administration of the D.C. Department of Human Resources for primary services to the child and the natural family. Provision of foster care or protective services begins the flow through another system.

Through the use of this chart and discussion of cases, we will go on to demonstrate where the system, designed to help this child and his family, often breaks down and to offer some solutions that would provide a better program for handling the problem of child abuse in the District of Columbia.

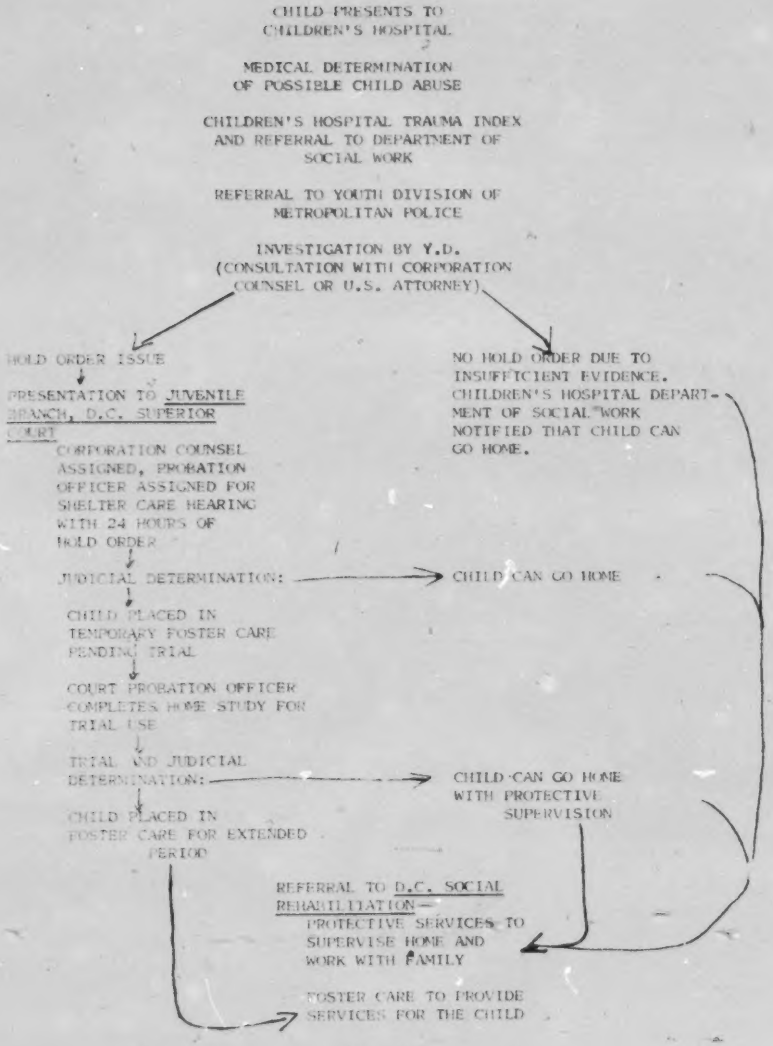

CHILD PRESENTS TO CHILDREN'S HOSPITAL
MEDICAL DETERMINATION OF POSSIBLE CHILD ABUSE
CHILDREN'S HOSPITAL TRAUMA INDEX AND REFERRAL TO DEPARTMENT OF SOCIAL WORK
REFERRAL TO YOUTH DIVISION OF METROPOLITAN POLICE
INVESTIGATION BY Y.D. (CONSULTATION WITH CORPORATION COUNSEL OR U.S. ATTORNEY)
HOLD ORDER ISSUE
PRESENTATION TO JUVENILE BRANCH, D.C. SUPERIOR COURT
CORPORATION COUNSEL ASSIGNED, PROBATION OFFICER ASSIGNED FOR SHELTER CARE HEARING WITH 24 HOURS OF HOLD ORDER
JUDICIAL DETERMINATION:
CHILD PLACED IN TEMPORARY FOSTER CARE PENDING TRIAL
COURT PROBATION OFFICER COMPLETES HOME STUDY FOR TRIAL USE
TRIAL AND JUDICIAL DETERMINATION:
CHILD PLACED IN FOSTER CARE FOR EXTENDED PERIOD
NO HOLD ORDER DUE TO INSUFFICIENT EVIDENCE. CHILDREN'S HOSPITAL DEPARTMENT OF SOCIAL WORK NOTIFIED THAT CHILD CAN GO HOME.
CHILD CAN GO HOME
CHILD CAN GO HOME WITH PROTECTIVE SUPERVISION
REFERRAL TO D.C. SOCIAL REHABILITATION — PROTECTIVE SERVICES TO SUPERVISE HOME AND WORK WITH FAMILY
FOSTER CARE TO PROVIDE SERVICES FOR THE CHILD

FIGURE 1

BREAKDOWN IN THE DISTRICT'S SYSTEM

In reviewing the schematic flow of how battered children are handled in the District of Columbia one might get the impression that it is a workable system. Some of the constraints or problems could be mitigated to a great degree by a coordinating agency and greater interagency cooperation. Other constraints, however, are deep-rooted and require massive improvement in education, manpower, service programs, the court system, laws and concomitant funding to support necessary changes. Some of the problems related to child abuse in the District of Columbia are unique; others reflect nationwide needs. How and why the system breaks down will be briefly explained. The effect of a poorly or non-functioning system will be illustrated by examples of actual cases.

One break in the system can lead to tragedy. The problem areas are as follows:

Recognition of Risk

One would like to believe that prevention is possible. Certainly new programs have been introduced in the country which demonstrate this is feasible. Studies have identified certain categories of children who are considered at risk and have the potential to be neglected and/or battered. Examples of high risk subpopulations are the following: infants who are premature, have birth defects, are unwanted, have teenage mothers, are products of addicted parents; children who receive poor nurturing/mothering; children who fail to thrive with no underlying physical pathology and children whose parents had a history of being battered themselves.

Children's Hospital, as well as other institutions, make routine referrals to community nursing and/or social service agencies for children considered at risk. However, not all hospitals in the District have such a policy and referrals are not made. Perhaps the providers of care do not recognize the risk or believe periodic routine visits to a physician are sufficient.

Even when referrals are made inadequate support may be given or families may be lost to follow-up for the following reasons:

The average *family* caseload of public health nurses in the District of Columbia is currently from 80–150 *families*. In addition, each nurse covers 2–3 elementary schools. To provide quality care the case loads should not exceed 40–50 families. Currently there is a freeze in hiring additional nursing staff. In addition Maternal and Infant Care funding in the District is in jeopardy and may be reduced which would lead to further reduction in staff.

The average caseload of a protective service worker is approximately 25 families. This is the upper limit to provide adequate services. In addition the Protective Service Branch of S.R.A. is in the process of reorganization and because of this there may be no specialized identifiable unit for the protection of children.

Families who receive referrals often change addresses which results in a breakdown of continuity of care. In addition they may refuse nursing services or simply be unavailable when a social service worker or nurse makes a visit. The Protective Service Branch may petition the Court via Corporation Counsel for legal support. However, this is a cumbersome and therefore seldom used method.

Needs

(1) Improvement in staffing through increase in professional and paraprofessional hiring.

(2) Improvement in education of medical, nursing and social workers.

(3) Informed program administrators who recognize the type of services provided by medical and paramedical workers and why these services are needed.

(4) Many of these families at risk need extensive and extended follow-up—explanation of what a child and family at risk need by hospital staff while the child is hospitalized is insufficient.

(5) Maintenance of a specialized protective service unit of the Department of Human Resources.

IDENTIFICATION OF BATTERED CHILDREN

Battered, abused, and neglected children are often brought to hospital emergency rooms. At Children's Hospital the emergency room staff is made alert and knowledgeable in identification through continuing in-service education programs. As mentioned earlier a trauma index is available as a resource. Furthermore, a

suspected battered child may receive a skeletal X-ray series for detection of old trauma.

Identification at Children's Is Not a Major Problem

Occasionally an overworked emergency room staff or residents untrained in abuse may fail to diagnose/recognize a battered child. Blatant battering cannot be missed, but it is the "unverbalized cry for help" or the subtle injury by caretakers that is sometimes unrecognized.

Not all hospital emergency staffs in the District are informed about child abuse.

Relatively few private physicians directly refer children for suspected battering to Children's Hospital. It is only after these children are admitted for workup of symptoms that battering is diagnosed. The failure by physicians in the community to refer children may be related to lack of specialized training in the field of abuse during their formal education; a fear of destroying the physician-patient relationship; a disbelief that an educated, warm or affluent parent could possibly inflict injury on a child; a hesitancy to become, or have parents become involved with a law enforcement agency.

The present law in the District of Columbia grants immunity to all physicians and only health professionals employed in a hospital or institution. Therefore, immunity is not granted to other professionals in the community, school personnel and neighbors. Their only recourse is to try to persuade the caretaker to take the child to an emergency room or make anonymous phone calls to the police.

There is no central registry on abused children in D.C. to which the medical profession can refer on suspected battering. In addition, the problem is compounded by the fact that many children suspected of battering come from the surrounding Virginia-Maryland metropolitan area.

Needs

(1) All personnel who provide services to children should be trained in recognition of abuse in formal as well as continuing education programs.

(2) An improved and broadened system of reporting is needed.

(3) Granting immunity should be broadened to include the community at large.

(4) The establishment of a Central Registry.

SIBLING PROTECTION

When a child is identified as an abused child, the system begins to ensure his safety. However, at the present time, there is no legal way of being assured that his siblings are also safe.

Needs

(1) There should be some means for doing a medical and psychological exam of these siblings even if parents are unwilling.

(2) When indicated there should be a mechanism for removing uninjured siblings from the home until further investigation is made.

TEAM APPROACH

Children's Hospital uses a team approach in dealing with the child abuse cases identified, i.e. pediatrician, nurses, social workers and psychiatrists consult on every case. This has been a proven effective way of dealing with these patients while hospitalized. However, each of these persons has another full-time job and the time spent on child abuse is voluntary at the present time. There is no full-time person working on child abuse, although there are approximately 100 cases hospitalized per year. Even though we have a "program" it is not financed.

Needs

(1) We need to have a full-time salaried coordinator of the program to follow-up on abuse cases, established and maintain accurate statistics and develop community-hospital liaison programs.

(2) Also needed is more coordination and communication with specific agencies outside the hospital involved with our cases.

(3) Other hospitals in the D.C. area need to develop a team approach to their child abuse cases which would then set common ground for communication among all hospitals.

YOUTH DIVISION

Children who are medically identified as being suspected of battering are, in compliance with the D.C. law, reported to the Youth Division of the Police Department for investigation. At the present time, even though there is a special unit of officers assigned to battered child cases, they must appear in their uniforms and guns, which is a very threatening sight for parents. Confidence and trust is difficult to obtain under these circumstances. In a few instances, an inexperienced officer's attitude may be too punitive toward the family.

NEEDS

(1) There is a need to have special ongoing education for police officers dealing with child abuse.

(2) There should be specific police personnel who would be non uniformed specialists in child abuse (as there are specialists in riot control).

(3) It would be beneficial to change the child abuse law in the District of Columbia to provide for a joint report and investigation by the Youth Division and the Protective Service Agency.

HOME

Once a child is returned home the same type of follow-up described in *Recognition of Risk* is provided. These families need extensive follow-up and rehabilitation, community nursing services, and services by experts in the field of child abuse. This currently is provided primarily by protective services. However, the District of Columbia is abhorrently behind in providing innovative therapeutic programs. The children who live in the Children's Hospital Comprehensive Health Care Program receive close follow-up by a multidisciplinary staff but for many of the families who reside in other areas of the city there is little at best in terms of specific therapeutic services in the area of child abuse.

Some of the problems are as follows:

There is not a single specialized therapeutic program in child abuse in the District of Columbia.

There are only 4 community infant nurseries with extensive waiting lists.

The community mental health centers provide general psychiatric care to adults but very few parents/caretakers of abused children voluntarily accept public or private psychiatric follow-up. Precious few are required by the legal process to obtain psychiatric care.

CORPORATION COUNSEL

The Corporation Counsel, the governmental legal body involved in child abuse cases in the District of Columbia, as mentioned previously, have made great strides in acquiring the expertise needed in examining medical witnesses to put relevant medical facts in evidence. However, their work would be enhanced by:

Ongoing training in medical terminology and testimony.

Acquiring better communications regarding their cases with all hospitals in the D.C. area.

COURT SYSTEM

There are at least seven deficiences in the law of the District of Columbia as it pertains to the battered child:

There is no teeth in the law to force reporting of abuse. An omission in reporting may be just as damaging to the child as a commission of abuse. Should it be a misdemeanor to knowingly fail to report a child abuse case? Doctors who report violations are presently immune from resultant civil suit. Nobody else has this immunity and hence, everyone else might be hesitant to report abuse.

The definition of child abuse and child abuser is vague in the D.C. law. "Abuse" includes physical, but not emotional abuse. "Abuser" covers parent, guardian or custodian, but not siblings, boyfriends, babysitters, or friends who do not fit into the first three categories.

A parent can be found guilty of neglect because of mental incapacity; however, there is no doctor-patient-privilege exemption in the law which allows

introduction of personal medical records as evidence of mental incapacity. The law does not provide for removal of siblings of the battered child from the home while the abuse case is being investigated.

The law does not allow the court to order a psychiatric evaluation of the parents prior to a finding of neglect at trial. Many cases would be based on such an evaluation.

The law does not permit the social worker or policeman to enter the home to check on other children when there are allegations of abuse of one child.

In instances of severe abuse over prolonged periods, the law should provide a method of terminating parental rights so that he child can be placed for adoption.

The court procedures could likewise stand some improvements:

Because of the uncertainty of trial dates and witness times, it is difficult to persuade doctors to be "on call" for lengthy periods to come to court.

There is often extensive delay between the initial hearing on the case and the actual trial, during which time the child is left in limbo and services cannot be made available to parents.

The adverse nature of the proceeding and the fear of a criminal charge make it very difficult for a parent to admit mistakes and seek help.

Judges who hear child abuse cases often have no expertise in this particular area of the law. Presently thirty judges rotate through the Family Court in the District. A special group of 6 or 7 judges who have an interest as well as knowledge in this area should hear the cases.

NEEDS

(1) A thorough re-evaluation of the present law should be made.

(2) Court procedures need to be made more efficient.

(3) A special permanent group of judges should hear all child abuse cases.

(4) The court system needs direction toward helping the rehabilitation of families rather than toward their punishment or dismissal.

TEMPORARY PLACEMENT

Temporary placement until all court procedures are completed is often for an uncertain time and may involve multiple foster homes or institutions for the same child. There is a shortage of adequate foster homes together with inadequate remuneration. Preparation for both the foster parents and the child before and during placement is difficult and little follow-up support is given to the foster home in handling sometimes rather difficult emotional problems in the child. Part of the reason for these deficiencies is too few social workers who have very heavy case loads and lack of personnel expert in this area.

Until the trial takes place, which may be as much as 6-9 months after the initial hearing, the child is in the custody of S.R.A. (Social Rehabilitation Administration) but no extended rehabilitation such as psychiatric care is provided until final disposition.

If separated from home for several years the child is returned without preparation of the parents. Often there have been no visits between child and parent while the child was in the foster home.

NEEDS

(1) There must be a shortening or elimination of the temporary placement.

(2) When placement is necessary for a protracted period it should be in a *foster* home which is adequate and in one which has the potential to be a long term home for the child in order to eliminate changes in foster homes.

(3) Children, their parents and their foster parents must receive adequate preparation prior to the child's discharge from the hospital.

(4) Foster parents need increased financial and emotional support.

(5) There needs to be continuing interagency communication.

FINAL PLACEMENT

From the time a child is identified as having been abused until final disposition, there should be an ongoing therapeutic program for the parents or abuser. At the present time there are insufficient programs due to lack of personnel and funds; and probably due to lack of knowledge that the abusing home can be re-

habilitated. The abusers are very troubled people who are sometimes isolated from society, either geographically, economically or emotionally. They often have little self-esteem, low frustration tolerance and unrealistic expectations of their children.

NEEDS

Therapeutic modalities such as families anonymous, acute day care centers, lay therapists or foster grandparents, and group and individual psychotherapy have been effective in other communities. Such modalities along with other innovative programs need development and funding in the District.

INTERAGENCY COORDINATION

An overall problem in this system is lack of coordination among the involved interagency services.

As stated previously, there is no easy, effective way of checking whether a suspicious child has ever been battered before, or reported before, or been seen for an "accidental" injury before within the D.C. Metropolitan Area.

The Youth Division has restrictions on supplying information to other agencies such as the S.R.A. and to hospitals.

Once the child leaves the hospital we have little communication with Protective Services as to how the child-family are progressing. If they are placed in foster homes medical recommendations are provided to the agency involved in placement but there has been no feedback, to date, as to whether or not the recommendations from the extensive medical workup are followed.

The families are confronted with multiple interrogations by the different personnel who become involved once they enter the system. There is no one person to whom they can relate nor anyone who is held accountable for them.

NEEDS

(1) A citywide conference needs to be organized to define roles and establish communication.

(2) A permanent citywide coordination program needs to be established.

(3) There needs to be a sharing of information between military and civilian institutions.

CASE HISTORIES WHICH ILLUSTRATE THE FOREGOING PROBLEMS

CASE A

Brother A had been born to a heroin addicted mother and was admitted at 4 months of age to Children's Hospital with lethargy and rigidity of his whole body. On physical examination he was found to have bruises over one eye and left arm and bilateral subdural hematomas (bleeding over both sides of the brain) are required bilateral craniotomies to relieve the blood clots. Because of the multiple injuries that had no plausible explanation he was determined to be a battered child by the examining physician. He had suffered much brain damage and was only breathing and being fed by tubes. After 3½ months at Children's, he was transferred to a chronic care hospital where he died about 3 weeks later.

His Brother B was admitted to Children's at the age of 2, one and one half months after Brother A's admission. He was unconscious and in respiratory distress but later recovered. He had multiple old and new bruises over his whole body especially over the abdomen, sides and thighs. He had old scars on the back and several on the abdomen which appeared to be healed cigarette burns. He progressed well in the hospital and went to a foster home after discharge.

These cases of the two brothers are examples of several problems which have been discussed previously: Brother A was at high risk at birth for battering because of his unstable environment due to having an addicted mother. He had to remain in the hospital after birth for some time and was therefore separated from his mother at a crucial time in social development.

When Brother A was admitted there was no therapeutic program to help the parents and therefore the same frustrations or problems still existed and resulted in the battering of Brother B. The mother was not cooperative in efforts made by hospital personnel to help her. Nor did she want to bring Brother B in for physical examination prior to his final battering.

CASE B

This 5-year-old boy was brought to the emergency room of Children's Hospital by his grandmother after a school nurse and police officer went to the home to investigate reports by school personnel that the child had been limping and had bruises on his back. Medical examination revealed multiple abrasions and contusions and many old scars. The battered child team was immediately notified and there was excellent cooperation on the part of all agencies.

1. *The child was at risk*

The mother had been battered as a child and had severe emotional problems. One child from the family had died at one year of age, no history was given as to cause of death. Another child died at approximately one year of age because "he hurt himself and made himself sick." Another child had died from a skull fracture. (These deaths occurred in other countries during military assignments.) Another child was battered in another state and the mother went to jail for a short period of time. The remaining children were placed in foster homes. At some point in time the family was reunited in the District of Columbia, but the father was on military assignment in another country when this 5 year old boy was injured by his mother.

3. *Siblings*

A prompt trial was held and the 5 year old boy was placed in a foster home. As of this writing the two other children remain in the home with their mother and grandmother. The eldest child who had been battered received psychiatric care in another state but has had no further psychiatric follow up. The youngest to date is uninjured. School personnel continue to be alerted to the eldest child and a protective service worker makes home visits.

10. *Parents*

The mother has a long standing history of psychiatric illness. Frequent moves in and out of the country and to other states has prevented rehabilitation. Jail was no solution (nor is it considered to be by us). The mother views her confinement in jail as the oldest child making her go to prison. Information requesting the father's history is unavailable. Currently the probation officer insures follow up in forensic psychiatry.

11. *Interagency Cooperation*

Although there was tremendous cooperation once this child was battered, no one agency in the city knew of the previous history. This points out the need for civilian-military, as well as inter-state cooperation.

CASE C

Jenny is a 3 year old girl who came into Children's Hospital with burns of the knees and wrists. She also had puncture wounds of the knees. She was a depressed, anxious child crying frequently and totally confused about adults. The burns (which required grafting) were from being immersed in a boiling bath by her mother. The puncture holes were from thrusting a fork into the child's knees. During Jenny's 2 months in the hospital she was noted to be frightened and distrustful, but emerged somewhat after regular psychotherapy.

This was the 4th Children's Hospital admission of Jenny. She came in at a few weeks of age for a subdural hematoma (blood clot under the skull). It was noted then that the parents were singularly indifferent about the child's welfare. At this point the court ordered psychiatric evaluation of the parents as a condition of the child's return home, but this was not carried out. She was returned home as a known risk with inadequate follow-up. She was readmitted at 7 months for burns over the arms, legs and chest.

These burns were caused by her father putting a heater against her. A court hearing was held, the child was removed from home and placed as a ward of child welfare in a good foster home after first waiting in a receiving home (where she had multiple caretakers).

When Jenny was 3, her mother petitioned to take her home. This was granted by the court as a trial visit. The child was abruptly and without preparation taken from her foster home and returned to her biological mother. After 3 weeks at home, the severe burns and puncture wounds were inflicted by the mother who

was angry at the child for dirtying her dress. During her hospitalization, the grafts healed satisfactorily and the child was returned by the court to foster home care. However, she is without continuing psychotherapy. A sibling remains in the home with the abusing mother and without community follow-up.

This case illustrates a high risk child who has had severe personality development distortions from traumatic events, and there has been no community follow-up of her psychiatric needs. It also illustrates problems of no rehabilitation of parents.

The case also illustrates the lack of citywide coordination by the agencies. Lack of adequate information available for hospital, community agencies and courts. It illustrates lack of facilities, inadequate supervision, and rehabilitation.

PROPOSED AMENDMENT H.R. 15779 AND H.R. 15918

In light of the needs previously discussed in this paper we are happy about most of the concepts in these bills which do speak to these problem areas. Parts of the bills need clarification and expansion and we will recommend some additions and deletions.

The sections referred to below will correspond to those in H.R. 15779 and comparison made with H.R. 15918 when needed.

Sec. 101(a).—A Center for the Prevention of Child Abuse is badly needed in the District of Columbia, however, we do not think it should be an independent agency but should be a separate division under the Department of Human Resources with a Director appointed by the Commission. Through this legislation the Director must be held accountable for help given the abused child and his family so that this Center does not exist in name only.

In addition to the "District of Columbia court system the metropolitan Police force, hospitals", etc., we hope that a Protective Service unit in the Department of Human Resources would be maintained from which social workers with expertise in this field could work for the Center, being assigned to families as soon as possible and remain assigned until the legal and therapeutic processes are finished.

Contracting already existing community resources for services is excellent so that these families can be help in their immediate neighborhoods as much as possible.

Sec. 101(d)(2).—It seems necessary that the multi-disciplinary teams in the Center take on several different functions. There could be an "executive" team which would act as consultant to other teams in the community i.e. every hospital which treats children should have a multidisciplinary team. These community teams are the ones who will identify abused children and make some initial evaluation of the family. They would then refer the family to the "executive" team of the Center who would assign the family depending on their needs to the "therapeutic" team within the Center. The "therapeutic" team would either provide or seek out the psychiatric counseling, the continued medical care, and safe home environment referred to in Sec. 101(d)(3).

Whenever the term "investigate" is used, referring to one of the functions of the Center, it seems more accurate to say "evaluate". We believe the investigatory function should be with the Youth Division of the D.S. Police Department.

Sec. 102(a).—The need for a central registry has been emphasized before. Several questions arise: Why is it necessary to have the consent of "persons concerned" to transmit data to other jurisdictions?

Sec. 102(b).—The decision to expunge the record should be made by the Director in conjunction with the Police investigation.

Sec. 102(d).—This section points out that no where is it stated exactly what information should be contained in this central registry. Should it be only identifying information or whole file of investigation and evaluation material? If it is the latter, we do not think that a parent for example, should have access to his psychiatric evaluation.

Sec. 102(e).—90 days after the receipt of the report is often too soon to expunge material because frequently a trial does not take place within that amount of time.

Sec. 201.—We are much in favor of the expansion of reporting of child abuse cases to "certain persons in child care" and for the reports to go to either the Director or to the Police and then each in turn reporting to the other.

We do not think that it is the function of the Police in the preliminary investigation to determine "the *stability* of the parents or persons responsible for the

care of the child, the quality of the home environment, the relationship of the child to the parents". This is the function of the multidisciplinary team involved who have this expertise. Both Police and team are needed once a child has been identified but have different roles. This is provided in H.R. 15918, Sec. 202, where the Director may request the Police to help in the investigation. We think they should help investigate except in cases which voluntarily present themselves to the Center. We favor the ability to have parents receive a psychiatric examination as part of the investigation prior to a trial and to have (siblings examined as stated in H.R. 15918, Sec. 202. Sec. 301 (b) (2) of H.R. 15918 is also a good and necessary addition.

Sec. 202, where the Director may request the Police to help in the investigation. ing. Hopefully, this will serve only as a strong incentive for all required to report to do so.

Sec. 208 (9) (c).—Are not these children *dependent* children rather than neglected children?

Sec. 302.—Disagree with this section completely. H.R. 15918 Sec. 302 is much more reasonable ie. if the District of Columbia Council does not change this Act it should remain valid until new legislation is introduced.

There are some omissions in both bills which need to be considered. How much and from where will the funding for the Center come? Who will take the cases to court? If the Police investigate, they should present the case in court; if the Center alone handles some cases it should have the right to petition the court if necessary.

The authority of the Center over other public agencies is unclear. Strong and binding inter-agency agreements would need to be formulated.

PREPARED STATEMENT OF FREDERICK C. GREEN, M.D., F.A.A.P.

Mr. Chairman and Members of the Subcommittee, I appreciate the opportunity to testify before you today. There is a critical need in every state and community of this nation to have legislation on the books that will ameliorate or eliminate the brutality of child abuse and neglect. I am here to support such legislation for the District of Columbia as found in H.R. 15918.

RECOMMEND H.R. 15918

I support this bill as opposed to H.R. 15779 for the following reasons:

1. *Mandatory Reporting*

Although both bills mandate reporting by broad segments of the child serving population, H.R. 15918 does allow discretion in establishing the accountable investigative agency. Mandatory reporting to the police department is not required. Such an option seems to allow for a therapeutic approach to parents rather than a punitive approach. Because I feel that no matter how well trained a police investigator, the simple fact that he or she may be part of a law enforcement agency is potentially threatening and may be counterproductive in the management of some cases.

2. *Objectives*

Recognition is given to the need "to preserve the existing family unit of the child" in both bills, even though neither bill gives the emphasis to this major objective of management that it deserves. For those of us who believe that the ideal place for childrearing is in the natural home, no matter how humble, with biological parents capable of meeting the child's necessary nurturing needs, I respectfully suggest that this dimension of supportive care to the parents be given greater priority.

3. *Case Investigation*

The components of a complete investigation are clearly defined in Title II Section 202 and Section 205 of H.R. 15918. I particularly like the mandated home visit by a knowledgeable and sensitive member of the management team.

40-331—74——4

AMENDMENTS PROPOSED

In spite of the fact that I am in general agreement conceptually with most Sections of these bills. I am compelled to identify certain parts of this legislation that I feel do not serve the best interests of the abused child or his family.

1. *Organization and Function of the Center for the Prevention of Child Abuse*

It is axiomatic that any agency, no matter what its hierarchical position in government may be, that is dependent upon "coordinating" the resources of other agencies, without clearly identified adequate discretionary resources and/or a clearly defined major role in the budgetary considerations of the appropriate agencies on which its mission will be dependent, will have serious difficulty in assuring the adequate allocation of necessary resources or the capability of developing necessary new resources to carry out its assignment.

2. *Team Composition*

In Title I Section 101(d)(2), I regret that the multidisciplinary management team of the Center does not include among its "experts" a competent parent from the community. It would see imperative to me that the experts on the team have the benefit of the input of a resident of the community who is familiar with all aspects of life in that community, including the varying culturally determined childrearing practices.

3. *Mandatory Psychological or Psychiatric Examination*

I must protest the mandatory psychological or psychiatric examination "of any member of that home" prior to the adjudication of the case. It is my opinion that this could lead to a fishing expedition that may be an unwarranted intrusion into the privacy of the family. I wou'd not have this same objection if such examinations were mandated for the prime suspect.

Post adjudication, psychological or psychiatric evaluation and treatment under appropriate circumstances would seem desirable.

4. *Evaluation—Photographs of Abused Child*

All children physically abused and neglected to the point of having externally demonstrable signs, should be seen in a health facility. Since a major purpose of the photograph is to give base line data against which future healing of such injuries are to be compared, I would feel it appropriate that all photographs be taken only in health facilities and *not* to be the responsibility of any institution or individual legally mandated to report.

5. *Religious Exemptions*

I recognize that Title II Section 208 exempts injured children "under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious demonination by a duly accredited practioner", is both politically wise and expedient. But I suggest to you that this is not necessarily in the best interests of the child. I suggest that a ruptured abdominal organ or a fractured skull may have a lethal outcome if appropriate medical intervention is withheld. Therefore, I feel that such injured children should be given the benefit of the best medical care available and the law should not be a part of withholding such treatment.

6. *The Labeling of Informally Adopted Children as Neglected*

To classify all informally adopted children as being neglected will place a substantial number of such children and their "adoptive" parents at risk to the penalties of this Act. Although I recognize that such children are not protected in a number of ways, we must understand that many of these children remain in this status because of the lack of financial resources, ignorance or inaccessibility to legal counsel by such surrogate parents. To me, it would seem more appropriate for government to assure the availability and accessibility of such resources and services to complete the appropriate adoption procedures.

Adjudicating such children neglected and possibly arbitrarily removing them from their psychological parents may be more destructive than constructive for all concerned.

7. *Implementation*

I can foresee monumental difficulties in implementing this Act if the Director and the agency team become involved in individual case management

rather than the more appropriate policy formulation, program planning, and technical assistance to the various child abuse teams in health facilities in this community. It would seem more appropriate to me for such an agency to serve the advocacy function of addressing the collective needs of abused and neglected children and their families.

8. *Continuity of Care*

The critical need for continuity of parental care for the abused child, particularly in the case of a child over seven years of age, as noted in Title III Section 301 of this bill, is not well served.

Although recognition is properly given to the differing critical aged-dependent time intervals that may seriously impair the bonding process between a child and his psychological parent, the very fact that it is possible for a child of seven years to be legally kept in a temporary foster care status, with all of its disadvantages, for over two years, is far too long. It would seem that for the welfare of this child, this interval could be markedly shortened.

9. *Performance Evaluation*

I can find nothing in this bill that mandates ongoing review and evaluation of the reporting procedures to be developed and implemented by the Director of this agency.

I would feel that such ongoing monitoring is essential.

Although the above comments do not exhaust my concerns, I am hopeful that when the guidelines for this legislation are developed they may be made available for public comment and debate.

Thank you Mr. Chairman and Members of the Subcommittee for giving me this opportunity. I will be happy to cooperate in any further way possible.

However you want to read your testimony, who will go first, I will let you settle that yourselves.

Dr. HEISER. Mr. Mazzoli, and other members of the Committee, we are very happy to be here to be able to testify. Barbara Steele of our Social Work Department will explain the system as it is now in D.C., once the child has been identified as an abused child.

Mr. MAZZOLI. Thank you.

STATEMENTS OF DR. ANNETTE HEISER, COORDINATOR, CHILD ABUSE TEAM, CHILDREN'S HOSPITAL; ACCOMPANIED BY BARBARA STEELE, DEPARTMENT OF SOCIAL WORK, AND DR. FREDERICK C. GREEN, CHILDREN'S HOSPITAL

Ms. STEELE. If you have your copy of our testimony before you, if I could direct you to Figure 1 on page 6.

PRESENT SYSTEM

We have attempted to diagram the flow of an abused child in the system as it exists in the District of Columbia right now.

The child is presented to Children's Hospital, brought there by a police officer, a protective service worker, or a school teacher, but most often by a parent.

There is a medical determination that the child is probably an abused child. The child is admitted to the hospital, referred to the Department of Social Work, and the child's name entered in our trauma index.

At that point, we are required to make a referral to the Youth Division of the Metropolitan Police Department for them to begin an investigation.

The Youth Division then proceeds with their investigation, consults with Corporation Counsel and/or the U.S. Attorney.

If sufficient evidence is found, they then proceed to place a hold order on the hospital chart, ordering the hospital to keep the child for up to 5 days.

And within 24 hours, the case is presented to the Juvenile Branch of the D.C. Superior Court for preliminary hearing.

At that point, Corporation Counsel is assigned, a probation officer or a court social worker, as they are sometimes called, is assigned to interview the family.

The parents are assigned attorneys, and the child is assigned an attorney.

At that point, the Judge can make the determination that the child should be placed in the temporary custody of the Social Rehabilitation Administration, otherwise referred to as SRA, or he can rule at that point that the child can be returned home when medically ready.

If he rules that the child be retained in temporary custody, a trial date is set, probably within about a month, and the child is then placed into foster care or institutional care by the Social Rehabilitation Administration.

While trial is pending, a Court probation officer does a home study for use at the time of the trial, making recommendation to the Court about the disposition and the safety of that child.

Then at the time of the trial, the Judge will make a ruling as to the child, whether the child has been neglected or not, and then decide whether the child sould be retained in extended custody of SRA, or whether the child should be returned home.

If the child is retained in custody, he is committed to the custody of SRA for up to two years, with a review date probably set in court.

The child then becomes the responsibility of the Social Rehabilitation Administration for care and services.

Directing you to the right side of the chart, where the flow indicates the ways in which the child can be returned home.

If, after the initial investigation of the Youth Division officer: there is not sufficient evidence to take the case to Court, the hospital is notified that the child can be returned home as soon as medically ready.

At that point, the Department of Social Work, after it has also interviewed the family and made at least a cursory evaluation, will refer the case to the Protective Services Branch of the D.C. Department of Human Resources, the Social Rehabilitation Administration.

Again, if the child is returned home after the preliminary hearing or after the trial, the child is also referred for protective services.

So after both processes, we come down to the child being under the responsibility of the Social Rehabilitation Administration, and the flow through another system starts again.

Dr. Heiser. I would like to speak to some of the problems as we see them in the District of Columbia.

Child Abuse Problem

The Children's Hospital National Medical Center of Washington, D.C. is gratified that the Committee on the District of Columbia is considering a Bill which deals with the complicated and serious problem of child abuse within the District of Columbia.

We are confronted with this problem daily at Children's Hospital where we reported approximately 125 cases of suspected or actual child abuse in 1973.

This year, in 1974, we have reported 76 cases.

Of the ones in 1973, there were four deaths. It is the seventh most common medical diagnosis that we admit to the hospital.

These children and families are in need of many services which require the cooperation and coordination of multidisciplines within and without the hospital.

Responsibility

Presently, primary responsibility for the care and protection of these abused children rests with the hospital physicians, social workers and nurses, child life workers, and with numerous official agencies outside the hospital.

The latter comprise an extended community team.

These agencies are: the Youth Division of the Metropolitan Police Department to whom we report cases, the other agencies that you see on the chart, including the Courts, the Protective Services, and Nursing Services.

We are quite dependent upon them for decisions regarding the future care and protection of the children admitted to the hospital for child abuse.

With so many people involved, coordination and education are key concerns of our team as advocates for the family.

Our efforts have included meetings with members of the Youth Division, who now have a specialized force of officers who investigate the abuse and neglect cases with much expertise.

These officers often attend the child abuse team meetings when their case is discussed at the hospital.

The office of Corporation Counsel has developed a very sophisticated staff regarding child abuse. Three lawyers have been assigned to the cases and have had very successful dispositions.

This is, in part, attributed to excellent communication with our team, and the Youth Division, and the other personnel involved.

The Corporation Counsel has been instrumental in increasing the awareness of other hospitals in the area regarding child abuse.

For a while, most of the cases of child abuse reported were from our hospital only.

As a result, we have acted as consultants for several hospitals who are forming child abuse teams.

We have written letters and attended meetings urging that Protective Services be maintained as a unit, although present plans call for decentralization and generalization of social workers within the Department of Human Resources.

Needs

We see a need for more specialized social workers who are experts in dealing with the abusive families, and who can make frequent home visits and obtain needed services.

We become very frustrated because the help the families need is not available in the form of adequate mental health facilities, parent groups, crisis day care, job opportunities, better housing, et cetera in the District of Columbia.

For the children who are removed from their homes, there are inadequate numbers of specialized foster homes for them.

The following is an outline of some of the problems from our perspective that need to be dealt with in order to provide the best dispositions for families and the children.

There is a lack of extensive community and medical education on the identification and dynamics of child abuse.

There are inadequate therapeutic facilities for treatment of families.

There are inadequate residential treatment facilities for children.

There are inadequate numbers of special foster families for children with emotional problems associated with child abuse.

As a result of the latter, that is, inadequate numbers of foster homes, children in the custody of SRA stay in an acute care hospital, such as Children's, for prolonged periods of time, awaiting the proper placement. We see this as very detrimental to the child.

When children return to their homes, Protective Services is the most important agency for continued contact and help to these abusing families.

Fifty percent of the children suspected of being abused returned home in 1972.

Twenty-five percent return to the hospital more seriously abused when no rehabilitation is available to that family. We have found this to be very true. If there are no helps given to the family, those children are going to be abused again.

Children have returned to the hospital more seriously abused after having been in temporary placement and then returned to their own families, again because nothing was done in that interim period when they were out of the home to help whatever what was going on.

When an abused child is removed from the home through Court procedures, too often, their sibling later becomes abused.

And in the written testimony that we have submitted, there are case examples of this.

Many abusing families seek medical attention at several different facilities. There is no system of obtaining histories of past suspicious injuries within the city.

Alternative Solutions

Some alternative solutions might be, would be:

Various modalities of therapy suited to an individual family's needs: for example, parents anonymous, lay therapists, individual and group psychotherapy.

Preventive programs that might include crisis day care facilities, parenting classes in the schools.

Residential psychiatric treatment facilities for children.

Foster homes specially reserved for abused children with ongoing support and counseling to these foster parents.

Interim placement facilities for children awaiting trial, and disposition hearings that would provide treatment and a homey atmosphere.

Retention of Protective Services as a specialized unit, possibly to have these social workers involved with the family from the beginning to the end of the legal and treatment process.

Provision for siblings of abused children to be examined and safety assured

A confidential central registry for the Metropolitan area, a coordinating agency within the city which would be held accountable for services to these families.

In the light of the needs previously discussed in this paper, we are happy about most of the concepts in the Bills which do speak to these problem areas.

AMENDMENTS PROPOSED

Parts of the Bills need clarification and expansion, and we will recommend some additions and deletions.

These following comments are, more or less, mine and Barbara Steele's opinions. Our team is a multidisciplinary, and not all of us agree on everything, which is good.

The sections referred to below will correspond to those in H.R. 15779, and comparison made of H.R. 15918, when needed.

Section 101(a) of H.R. 15779. A center for the prevention of child abuse is badly needed in the District of Columbia. However, we do not think it should be an independent agency, but should be a separate division under the Department of Human Resources, with a Director appointed by the Commissioner.

For this legislation, the Director must be held accountable for help given the abused child and his family, so that this center does not exist in name only.

In addition to the "District of Columbia Court system, the Metropolitan Police Force, hospitals," we hope that a Protective Service unit in the Department of Human Resources will be maintained, from which social workers with expertise in this field could work for the center, being assigned to families as soon as possible, and remain assigned until the legal and therapeutic processes are finished.

Contracting already existing community resources for services is excellent, so that these families can be helped in their immediate neighborhoods as much as possible.

Section 101(d)(2). This section needs clarification as to roles.

It seems necessary that the multidisciplinary teams in a center take on several different functions.

There could be an executive team which would act as a consultant to other teams in the community. That is, every hospital which treats children should have a multidisciplinary team.

These community teams are the ones who identify abused children and make some initial evaluation of the family. They would then refer the family to the executive team of the center, who would assign the family, depending on their needs, to the therapeutic team within the center.

The therapeutic team would either provide or seek out the psychiatric counseling, the continued medical care, and safe home environment referred to in Section 101(d)(3).

Whenever the term "investigate" is used, referring to one of the functions of the center, it seems more accurate to say evaluate. We believe the investigatory function should be with the Youth Division of the Police Department.

We are happy to see that they would be non-uniformed, because we found this very threatening to families.

Section 102(a). The need for a central registry has been emphasized before.

Several questions arise, however. Why is it necessary to have the consent of persons concerned to transmit data to other jurisdictions?

Part (b) of that Section 102. The decision to expunge the record should be made by the Director in conjunction with the police investigation.

Section (d). This section points out that nowhere is it stated exactly what information should be contained in this central registry. Should it be only identifying information? Or a whole file of investigation and evaluation material?

If it is the latter, we do not think that a parent, for example, should have access to his psychiatric evaluation.

Section 102(e). Ninety days after the receipt of the report is often too soon to expunge material, because frequently a trial does not take place within that amount of time.

This is one of the problems within the District of Columbia Court system, in which trials sometimes take months to occur.

Section 201. We are much in favor of the expansion of reporting of child abuse cases to "certain persons in child care," and for the reports to go to either the Director or to the police, and then, each in turn reporting to the other.

We do not think that it is the function of the police in the preliminary investigation to determine "the stability of the parents or persons responsible for the care of the child, the quality of the home environment, the relationship of the child to the parents."

This is the function, it seems, of the multidisciplinary team involved, who have this expertise.

Both police and team are needed once a child has been identified, but they have different roles.

This is provided in H.R. 15918, *Section 202*, where the Director may request the police to help in the investigation.

We think they should help investigate in all cases, except in cases which voluntarily present themselves to the center.

We favor the ability to have parents receive a psychiatric examination as part of the investigation prior to a trial, and to have siblings examined, as stated in H.R. 15918, Section 202.

Section 301(b)(2) of H.R. 15918 is also a good and necessary addition.

Section 205 of 15779. We are in favor of the penalty for noncompliance regarding reporting. Hopefully, this will serve only as a strong incentive for all required to report to do so.

Section 208(2)(c). Are not these children dependent children rather than neglected children? The section dealing with children whose parents are hospitalized, or, in the hospital, or incarcerated.

Section 302. We disagree with this section completely. H.R. 15918, Section 302 is much more reasonable. That is, if the District of Columbia Council does not change this act, it should remain valid until new legislation is introduced.

There are some omissions in both Bills which need to be considered.

How much, and from where will the funding for the center come? Who will take the cases to court? If the police investigate, they should

present the case in court. If the center alone handles some cases, it should have the right to petition the court, if necessary.

The authority of the center over other public agencies is unclear. Strong and binding interagency agreements would need to be formulated.

Mr. MAZZOLI. Thank you very much.

Dr. Green.

Dr. GREEN. Mr. Chairman, members of this Subcommittee, I am here to testify this morning in my role as the Director of the Office of Child Health Advocacy at Children's Hospital and as a professor of Child Health and Development at George Washington University Medical School.

As has been noted, it is true that, as in many other areas of medicine, there is concurrence on the ultimate objective, but there may be lack of concurrence on the methodology to reach those objectives. And such is the case here.

SUPPORT H.R. 15918

I am here to support such legislation for the District of Columbia as found in H.R. 15918.

APPROVE H.R. 15779

I support this Bill, as opposed to H.R. 15779 for the following reasons:

Number one, mandatory reporting. Although both bills mandate reporting by broad segments of the child-serving population, H.R. 15918 does allow discretion in establishing the accountable investigative agency.

Mandatory reporting to the police department is not required.

Such an option seems to allow for a therapeutic approach to parents, rather than a punitive approach.

Because I personally feel that, no matter how well-trained a police investigator, the simple fact that he or she may be part of a law enforcement agency is potentially threatening, and may be counterproductive to the management of some cases.

Number two, the objectives. Recognition is given to the need "to preserve the existing family unit of the child" in both Bills, even though neither Bill gives the emphasis to this major objective of management that it deserves.

For those of us who believe that the ideal place for child-rearing is in the natural home, no matter how humble, with biological parents capable of meeting the child's necessary nurturing needs, I respectfully suggest that this dimension of supportive care to the parents be given greater priority.

Number three, case investigation. The components of a complete investigation are clearly defined in Title II, Section 202 and Section 205 of H.R. 15918.

I particularly like the mandated home visit by a knowledgeable and sensitive member of the management team.

AMENDMENTS PROPOSED

In spite of the fact that I am in general agreement conceptually with most sections of these Bills, I am compelled to identify certain

parts of this legislation that I feel do not serve the best interests of the abused child and his family.

(1) Organization and function of the Center for the Prevention of Child Abuse. It is axiomatic that any agency, no matter what its hierarchical position in Government may be, that is dependent upon coordinating the resources of other agencies, without clearly identified adequate discretionary resources and/or a clearly defined major role in the budgetary considerations of the appropriate agencies on which its mission will be dependent, will have serious difficulty in assuring the adequate allocation of necessary resources or the capability of developing necessary new resources to carry out its assignment.

(2) Team composition. In Title I, Section 101(d)(2), I regret that the multidisciplinary management team of the Center does not include among its "experts" a competent parent from the community.

It would seem imperative to me that the experts on the team have the benefit of the input of a resident of the community who is familiar with all aspects of life in that community, including the varying culturally determined child-rearing practices.

(3) Mandatory psychological or psychiatric examination. I must protest the mandatory psychological or psychiatric examination "of any member of that home" prior to the adjudication of the case.

It is my opinion that this could lead to a fishing expedition that may be an unwarranted intrusion into the privacy of the family.

I would not have this same objection if such examinations were mandated for the prime suspect.

Post-adjudication, psychological or psychiatric evaluation and treatment under appropriate circumstances would seem desirable.

(4) Evaluation, particularly photographs of abused child. All children physically abused and neglected to the point of having externally demonstrable signs should be seen in a health facility.

Since a major purpose of the photograph is to give baseline data against which future healing of such injuries are to be compared, I would feel it appropriate that all photographs be taken only in health facilities, and not to be the responsibility of any institution or individual legally mandated to report.

(5) Religious exemptions. I recognize that Title II, Section 208 exempts injured children "under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner," is both politically wise and expedient.

But I suggest to you that this is not necessarily in the best interests of the child. I suggest that a ruptured abdominal organ or a fractured skull may have a lethal outcome if appropriate medical intervention is withheld.

Therefore, I feel that such injured children should be given the benefit of the best medical care available, and the law should not be a part of withholding such treatment.

(6) The labeling of informally adopted children as neglected. To classify a-1 informally adopted children as being neglected will place a substantial number of such children and their "adoptive" parents at risk to the penalties of this Act.

Although I recognize that such children are not protected in a number of ways, we must understand that many of these children remain

in this status because of the lack of financial resources, ignorance, or inaccessibility to legal counsel by such surrogate parents.

To me, it would seem more appropriate for Government to assure the availability and accessibility of such resources and services to complete the appropriate adoption procedures.

Adjudicating such children neglected and possibly arbitrarily removing them from their psychological parents may be more destructive than constructive for all concerned.

(7) Implementation. I can foresee monumental difficulties in implementing this Act if the Director and the agency team become involved in individual case management, rather than the more appropriate policy formulation, program planning, and technical assistance to the various child abuse teams in health facilities in this community.

It would seem more appropriate to me for such an agency to serve the advocacy function of addressing the collective needs of abused and neglected children and their families.

(8) Continuity of care. The critical need for continuity of parental care for the abused child, particularly in the case of a child over 7 years of age, as noted in Title III, Section 301 of this bill, is not well served.

Although recognition is properly given to the differing critical aged-dependent time intervals that may seriously impair the bonding process between a child and his psychological parent, the very fact that it is possible for a child of 7 years to be legally kept in a temporary foster care status, with all of its disadvantages, over a 2-year period, is far too long.

It would seem that, for the welfare of this child, this interval could be markedly shortened.

(9) Performance evaluation. I can find nothing in this bill that mandates ongoing review and evaluation of the reporting procedures to be developed and implemented by the Director of this agency.

I would feel that such ongoing monitoring is essential.

Although the above comments do not exhaust my concerns, I am hopeful that, when the guidelines for this legislation are developed, they may be made available for public comment and debate.

Thank you, Mr. Chairman, and members of the Subcommittee, for giving me this opportunity. I will be happy to cooperate in any further way possible.

Mr. MAZZOLI. Thank you very much, the panel, for some very excellent testimony. It has opened some new vistas here in areas that concern you who actually work with these laws.

Let me make mention for the record that Congressman Gude, our colleague from Maryland, is with us, who has shown quite a bit of interest in these bills.

And if we could maybe go a little bit out of order, if the Congressman has any remarks he wishes to make now for the record.

Mr. GUDE. Not at this time. I do have some questions.

Mr. MAZZOLI. Very good. I would just like to ask the panel a couple of questions, and then yield to my colleagues.

REPORTING REQUIREMENTS

Dr. Green, have you been concerned about applying a criminal sanction to the reporting requirements?

Dr. GREEN. If the reporting requirements include that very grave area of neglect which is ill-defined, emotional abuse or psychological abuse, I have very serious reservations in applying criminal sanctions for the lack of reporting.

Under those circumstances, I think it could lead to very serious abuse.

EVIDENCE OF ABUSE

Mr. MAZZOLI. Doctor, one further follow-up. In your experience, is the evidence, the physical evidence, marked enough for the average person who works with the children—and by that, I mean the average thoughtful teacher, the average thoughtful child day care worker—is the physical evidence usually clear enough that you would apply criminal sanctions to those persons for failure to respond and to report?

Dr. GREEN. In most instances, the physical abuse of children, the evidence is quite obvious.

The problem of neglect is another thing. A child may not show the physical evidence, but may be abandoned, for example, and that child is at the far end of the spectrum of severe neglect.

And I feel that, under those circumstances, criminal sanctions should be applied for someone who fails to report an abandoned child.

But it is not always the physical appearance that may be the key.

Mr. MAZZOLI. All right, thank you.

REPORTING REQUIREMENTS

Dr. Heiser, would you perhaps address your comments to the same questions I have asked Dr. Green? And that is, the criminal penalties that would be attached to failure to report where you have physical injuries as well as, maybe, other kinds of neglect. And what is your general feeling on that?

Dr. HEISER. I agree with Dr. Green concerning the neglect, because I believe that that is an area where it is going to be very hard to prove that someone actually knew that this child was neglected.

ENDS OF ABUSE

I would tend to disagree a little bit about physical abuse as being easy to always recognize.

Also, I think that doctors should be able to recognize physical abuse. Even then, it is hard in some cases.

For example, a child that has a broken arm. He could have gotten a broken arm from falling out of a tree. But there might be other things on the child, like a bruise or some old fractures, that would indicate that this was not an accident probably. That it was a direct threat, a direct abuse to him.

And thus, there are going to be cases, even of physical abuse, that would be hard to prove that someone actually knew this was an abused child, and then prosecute because of that.

And I think it is going to take medical testimony, which is going to be hard to obtain.

But I am in favor of this being left in as just an encouragement to people to report. I think it is going to be hard to enforce it, actually.

Mr. MAZZOLI. You would prefer to leave the penalties in, even though you do have some reservations about the ease with which one who is not a medical person can identify abuse, because even medical people have some difficulty.

Dr. HEISER. With certain cases, yes.

Mr. MAZZOLI. Certain cases.

Very well. Thank you.

Congressman Stark, do you have any questions?

Mr. STARK. A couple, if I could pick up with Dr. Heiser.

REPORTING REQUIREMENTS

I would add the observation that, if, indeed, the threat of criminal penalties were imposed, it might be an incentive for those quasi-professionals, not medical professionals, intimately involved in child care to become aware of the signs or the indications that abusive practice may be taking place

Dr. Green, If I could ask you to, one, in the case of the neglected child, submit some suggestions to us as to how we might better define that term; and secondly, with the question of the competent parent, which, to a layman life myself, is a term that I would have trouble defining as strictly as, I think, you might do.

I would also be interested in receiving Dr. Green's, as well as any other panel member's alternative wording for the section of the bill where the team members are listed. It was our intention in drafting this version to see that there were specific professional people mandated to serve. We do provide, however for the participation really of anyone else.

And you know, there may be other inputs there. And there is no reason, it seems to me, why, maybe, you shouldn't have a child on the team—by the same theory behind having a parent. I see no objection to that.

And again, I would ask you to suggest in writing an alternate language that we might use.

RESPONSIBILITIES

Now, one question, if I may, of the entire panel, because it will come up in other testimony. The question of clearly defining the responsibilities of authorities is, in my opinion, in any agency, whether it is the Department of Defense or HEW, a bureaucratic-like, and that it is a legislative jungle into which none of us really enjoy venturing.

You all have the advantage of working with the District agencies.

To the extent that you would like to suggest areas of responsibility which should be assigned to specific agencies within the city government. This means, of course, that somebody is going to be less happy. I have never yet seen an agency that likes to give authority to some other agency.

I tend to agree that there should be a clear-cut responsibility—that we should centralize the responsibility.

We have attempted, and would continue to attempt, to the extent that we work with this Bill, to see that, one, there is a clear-cut responsibility, and, as clear as we can, to define the level of cooperation and the level of independence.

Therefore to the extent that you can be specific about your druthers," as to how you would see the lines of authority, well, that would be helpful to the Committee if you would submit that to us in writing.

And I think you again for being here this morning.

Mr. MAZZOLI. Thank you very much, Mr. Stark.

Congressman Gude?

Mr. GUDE. Thank you, Mr. Chairman.

Dr. Green, I was very struck by your comments that the Director of the Child Abuse Prevention Center might need more authority than just to be able to coordinate other public and private resources.

SUPPORT OF LOCAL AUTHORITY

I would gather that this matter of addressing the community's problems requires a very intense effort by the agency that is involved. It should have a certain amount of independence as far as resources from which it is able to draw.

I wonder if, we can perhaps provide in the budgetary allocation, the necessary support that the Child Abuse Prevention Center needs, and maybe it could contract out.

In other words, if the coordination which the Child Abuse Prevention Center need, isn't coming forth from some public or private agency then the Child Abuse Prevention Agency would have the fiscal means to accomplish its goals.

That is what is common in all of these problems—agencies don't have the necessary money to maintain what is necessary to carry out their mission.

Dr. GREEN. Mr. Gude, I spoke to that issue simply because of my experiences, two years as the Associate Chief of the Children's Bureau in the Office of Child Development here at HEW.

And that mission of that Bureau, of course, as you know, was, according to 1912 legislation, to identify and, after two years, to identify and to report on the welfare of all children of this nation.

Well, in order to do that, that required coordinating almost 40 or 50 different programs stretched across HEW.

And without discretionary resources and no power, it becomes almost an impossible task.

An it was on that model that I saw this happening, where the agency that would have to call on Protective Services, on police, and a variety of other agencies without any clout in decision-making at the top level; I see it almost counterproductive.

Mr. GUDE. We are wasting our time unless the Director can marshal the necessary forces.

Dr. GREEN. That is correct, sir.

Mr. GUDE. In following this up, I noted that Congressman Stark spoke to the question of having a resident of the community as part of the multidisciplinary team of experts.

RESIDENCE REQUIREMENTS FOR PROFESSIONALS

To that end, would it not be important to have residents of the community part-time members of the team, and those others remain as experts.

You have the resident of the community put in a difficult position of perhaps being overawed by the experts, not being a psychologist or sociologist.

Parents might tend to be run by the board of experts.

Of course, in selection, you do not know what type of members of the community you are getting. They are bound to be skewed in their biases and outlooks, one way or another.

So it would be important maybe to have serveral residents of the community to be a sounding board for the various ideas and suggestions that would come up.

Mr. STARK. Would the gentleman yield?

Mr. GUDE. Yes.

Mr. STARK. If you are suggesting that we should have—and I think that is the case—that we require that professionals be residents of the District, which, I think, would be, at least that would seem to me to be perfectly in order.

This would not mean the exclusion of non-professional residents—but it occurs to me that we have not said anything in here about professionals, which would tend to focus in on what you were saying.

Mr. GUDE. I was thinking of parent-residents of the immediate neighborhood where this particular problem arose.

Parents from one side of the city, would hardly have rapport with the problems of a neighborhood on the other side of the city.

But in looking at the professional requirements, perhaps they should be residents of the District of Columbia.

I was thinking that the parents of the immediate community should be part of the multidisciplinary team. It would be important to have input from them.

I do not know whether you would achieve this with just one set of parents.

Dr. GREEN. Mr. Chairman, may I respond?

Mr. MAZZOLI. Please.

Dr. GREEN. The purpose of this suggestion in my testimony was to relieve that very wide cultural gap that often exists between the children who are being cared for and the professional members of the team.

And I have traveled around the country enough, and seen enough child abuse teams to recognize that, in most instances, there is a very wide cultural gap between those who are delivering services and those who are serving.

And sometimes, those who are delivering services are not sensitive to the various child-rearing and culturally determined practices.

And I feel that that input is vital in arriving at a very serious decision that could possibly remove a child from the home.

I just think that that is a "non-professional" kind of input. It is a professional input; it really is, in the strictest sense of the word, that should be taken into account before we move forward into further adjudication of the child.

PARENT REPRESENTATION

Mr. GUDE. What would you think of providing that the team have several sets of parents, or several parents from different families, rather than just a——

Dr. GREEN. That may be—well, let me just say that that may be counterproductive to have too many members.

I think there should be that input, but having four or five members or parents, and then putting it to a vote may make the resolution of the problem extremely difficult.

Mr. MAZZOLI. Dr. Heiser?

Dr. HEISER. Yes, I agree with Mr. Gude that, for example, on community boards, it has been known that there is community representation, but people just tend to think that everyone knows more, and they do not speak up.

And it has been suggested that, in such a situation, there ought to be more community members, so at least there is half and half maybe.

But we cannot just say they shouldn't be on this team because they are not going to say anything.

They should be encouraged. There is a concept in therapy of abused children called lay therapists. They are people from the same kind of community that the abusive family is from.

They could very well be a part of this therapeutic team, and have very important input. They do know the community and the people that they are helping.

Mr. GUDE. I was not thinking of this team as a legislature who would sit and vote until they resolved it.

I appreciate the comments.

Mr. MAZZOLI. Counsel?

Mr. HOGAN. Thank you, Mr. Chairman.

CHILD ABUSE CASE

Do we know the extent of the problem in the District of Columbia, Dr. Heiser?

Dr. HEISER. I believe Corporation Counsel could better answer that. But I believe there are 500 to 600 cases that they tried of abuse and neglect in 1973.

Those are the cases that they tried. It is estimated that probably three or four times that many actually occurred.

Mr. HOGAN. And Dr. Green, you were in HEW. Is there any standard incidence across the population generally that you used as some kind of a standard?

Dr. GREEN. During the consideration of Public Law 93-247, the incidence is said to be roughly 321 per million, or roughly 60,000. But that is probably an underestimate, because that only represents the population that uses public facilities.

There is no agreement among authorities really as to the true incidence of this disease.

My own feeling is that it probably is in the area of 300 to 400,000 children nationwide a year.

FINANCING

Mr. HOGAN. Now, I gather, from your experience at HEW, Mr. Yeldell's testimony, I gather, will indicate that approximately 3 out of every 4 dollars that could be used for a child abuse agency could be provided by the Federal Government or under the Federal legislation, matching dollar thing. Is that correct? Or is there some question about that?

In other words, is there not some matching funds provision for a central state agency for child abuse or neglected children that gets Federal funding?

Dr. GREEN. The formula IV—A funds are identified for dependent and neglected children. The problem has been that most of those funds have not been used for this group that we are speaking about today.

I am certain that Mr. Yeldell——

Mr. HOGAN. The dollars that are being used, those are not being extended to the child abuse cases, setting up child abuse teams, things like that?

Dr. GREEN. The IV–B funds were used mostly for dependent children.

The present legislation allows for 15 to 20 percent of the authorized funds of 93–247 to go to states to set up such programs.

But the incredible part is that, under the current lines, for a state to be eligible for such, they should have such an excellent program that they do not or would not need the money.

REPORTING REQUIREMENTS

Mr. HOGAN. Do you happen to know, Dr. Green, what other states have done as far as attaching a criminal penalty to reporting requirements?

Dr. HEISER. I believe, New York State has this provided, and Texas. I believe Mr. Fraser will know the answer.

Mr. STARK. If the gentleman will yield, the criminal reporting portion of our Bill is very similar to the California State code, where it has been in effect for a number of years. And it has worked very satisfactorily.

And you are right, Dr. Heiser, there are several other states with similar provisions.

Mr. HOGAN. You would have no objection to operating under a reporting system that would require, that would lay a criminal penalty on individuals, doctors, teachers, yourself?

Dr. HEISER. Not myself. I don't know whether the medical society agrees.

But you see, I have had the experience of knowing certain cases that should—when our own residents can recognize the case, other doctors have not reported it. Have seen a child a week before, have not reported it; cases that there should be no doubt at all.

And the children will get hurt more sometimes while cases that are not being reported. How do you get them to report?

Of course, education is very needed. And if this part stays in, there is going to be an obligation on someone's part to really educate doctors and the community to recognize it.

Mr. HOGAN. Can't you educate them without, you know, having the—holding over them the possibility of criminal prosecution?

Dr. HEISER. Yes, you can. But it is just being human. This helps, having that held over you.

Mr. HOGAN. I would be interested to know how many prosecutions there have been in the State of California.

Dr. HEISER. I don't believe there have been any.

Mr. HOGAN. I don't believe we have had any police representative testifying.

I will tell you one thing from my own experience. It is very difficult to prosecute cases of child abusers, let alone individuals, you know, reporting these incidents, because, quite often, it takes a lot of time to investigate the matter.

And if you are going to have individuals coming in just broadly and reporting cases, I wonder if that is in the public interest, and voluntary compliance would somehow——

Dr. HEISER. You are talking about over-reporting. I think that is better than under-reporting, if it has to be one way or the other.

Mr. HOGAN. Thank you, Mr. Chairman.

Mr. MAZZOLI. Thank you.

Mr. Stark?

REPORTING IMMUNITY

Mr. STARK. Dr. Heiser, in the instances where you have people in the medical profession, in your opinion, neglecting to report, do you think the fact that there is always the risk of civil liability for reporting these types of things, a liability which this Bill would remove, may hold people back from reporting? Do you believe that by giving them, the reporters, immunity from that liability we might encourage more reporting, as Counsel is suggesting, would be wise?

Dr. HEISER. I definitely think you have to have that immunity. But I thought you were referring first to families suing a doctor for not reporting.

Mr. STARK. No. I meant the other way, for reporting, which is also a part of that reporting section.

Dr. HEISER. Oh, yes, that definitely has to be in, not just for doctors, but for those, for anyone required to report, should be immune.

Mr. HOGAN. Who would be required to report, though?

Dr. HEISER. In the Bill, it states, those physicians and those in child care. And then it defines teachers and nurses. I think it is stated exactly who that is, those in child care.

Mr. MAZZOLI. It is probably not as well stated as it needs to be as far as defining those people. And that is why I brought up the question myself.

I am concerned, frankly, about having criminal sanctions attached to a failure to report on the part of non-medical personnel, when medical personnel themselves, as you have admitted, have a difficult time finding child abuse, or determining and diagnosing child abuse.

Because as you have pointed out, Dr. Heiser, it isn't sometimes that broken arm. It is the broken arm plus the cut that occurred a year ago, plus the broken leg that occurred three years before that.

And it is a total pattern. And that pattern cannot be always determined from the view at that moment.

So I think that we, unfortunately, have to forge ahead, because we have a lot of panelists. We will have some evidence in writing from Dr. Gruver of the local D.C. Medical Society on that point of criminal sanctions, and to the position that the medical society might take.

May I ask one question of Ms. Steele, if I could. Maybe this is not an adequate question, but is there a kind of profile which you can apply with any given degree of accuracy which would determine those homes, those parents that, once having abused a child, would be likely to abuse again?

Someone said that the child should be removed from the house at that point, and not dilly-dally around.

Ms. STEELE. I am not sure that I could speak to a general profile. But something we have just recently been having meetings on at the hospital, to try to develop some more definite criteria of these, a profile on such families. And if you like, maybe we could submit this in writing, along with the rest of the questions that you have asked.

Mr. MAZZOLI. It would be very helpful because part and parcel to this whole question is termination of parental rights.

And I would like to have some information as you all might develop on that, and Dr. Green, Dr. Heiser, as you have something.

You have been very helpful, and thank you so much for your testimony.

Dr. HEISER. Thank you.

Mr. MAZZOLI. We would, at this point, have the District of Columbia Governmental panel, Director Yeldell and your colleagues from the Department of Human Resources, a representative from the Metropolitan Police Department, and Corporation Counsel.

Commissioner, perhaps you could act as chairman of the panel, and perhaps we could have the statements, and then we could get into questions for this panel.

Mr. YELDELL. Thank you, Mr. Chairman, members of the Committee.

Mr. MAZZOLI. Excuse me, Commissioner. Perhaps, for the purpose of the reporter, if the panel could identify itself, and then we could proceed.

STATEMENTS OF JOSEPH P. YELDELL, DIRECTOR, DEPARTMENT OF HUMAN RESOURCES, ACCOMPANIED BY MS. NAN HUHN, ASSISTANT CORPORATION COUNSEL, JUVENILE DELINQUENTS; VERNON GILL, GENERAL COUNSEL, METROPOLITAN POLICE DEPARTMENT; AND LT. JOSEPH A. PRELI, OPERATIONS COMMANDER, YOUTH DIVISION, METROPOLITAN POLICE DEPARTMENT

Mr. YELDELL. Mr. Chairman, members of the Committee, I am Joseph Yeldell, Director of the Department of Human Resources. And I am pleased to appear before you and your Subcommittee to express the views of the Department of Human Resources on H.R. 15779 and H.R. 15918.

PREVENTION OF ABUSE

We appreciate the concern and interest of your Committee in the tragic phenomenon of child abuse. We applaud your efforts to improve our capacity to deal more effectively with this problem.

All of us can agree, I think, that we need to do much more than become indignantly aroused whenever gross cases of child abuse make headlines in the press.

I hope very much that we can also agree that, in dealing with this issue, we must first direct our energies and resources toward the objective of preventing the physical abuse of a child by his caretaker.

We must do this by identifying children who may appear vulnerable to abuse, and then offer to the child's family an array of competent services which are intended to improve the family's functioning

ability, thereby minimizing, or eliminating the danger of child abuse in that family.

In other words, Mr. Chairman, I am suggesting that our first order of priority must be prevention.

Beyond that, we must, of course, develop a system which will be responsive immediately to the needs of any child who is the victim of abuse as defined in these Bills.

For whenever a child is so traumatized, our first responsibility must be to act, and to act quickly and effectively, in terms of what is best for the child.

I believe that this is the underlying intent of H.R. 15779 and H.R. 15918.

Opposes a New Agency

But I do not agree with the method in which it proposes to carry it out.

It seems to me that our response in dealing with critical issues should not be to establish a new agency, no matter how well-defined its functions may or may not be.

If this course is followed, how can we then deny the demands for creating a proliferation of other new agencies, for the blind, for the aging, for adoption services, for foster care, and on and on?

Not only would an evolving trend of this kind move us into fragmentation of services but also away from my Department's basic objective of developing a comprehensive human services delivery system.

In dealing with any critical issue, our response ought to be to strengthen and expand those services bearing upon it, but to do so, not by isolating the issue, but rather in the context of the broader picture of which it is a part.

Mr. Chairman, I am certain that this committee is well aware of the fact that a multiplicity of services, medical, legal, and social, must be made available in a rational and coordinated manner in attacking and lessening the incidence of child abuse and in protecting its innocent victims.

This is a challenge which stirs emotions and one whose complexities demand our finest efforts.

Government agencies, more specifically, the Family Division of the D.C. Superior Court, the Youth Division of the Metropolitan Police Department, the Office of Corporation Counsel, the School Department, the U.S. District Attorney, and the Social Rehabilitation, Mental Health, Community Health, and Hospitals, and the Department of Human Resources bear vital responsibilities to these children and their families.

And so, too, does the total community, including its concerned, and sometimes inpatients private medical and social agencies.

Protective Service

One of the most critical and basic requirements to an effective child abuse prevention and control system is the provision of protective services.

Under Federal law, Title IV-A and Title IV-B of the Social Security Act, responsibility for providing mandatory services to children who are, or who may be subject to physical abuse and/or neglect is placed with the State's Single State Agency for Social Services.

In the District, this authority and responsibility have been delegated by the Mayor to me as Director of the Department of Human Resources.

Federal regulations include the requirement that, in order to receive Federal reimbursements on the cost of providing social services, including protective services, the Single State Agency alone can establish policies and procedures and monitor the administration of these service programs.

To put it another way, if another agency other than the Single State Agency for Title IV–A and B is given the authority to in any way control or assume policy making authority over services programs under this Title, the State stands in jeopardy of losing Federal reimbursements.

These reimbursements currently support 75 percent of the cost of salaries of DHR employees who are providing these services.

Mr. Chairman, I might say here, parenthetically, in relation to Counsel's question, the 75 percent reimbursement factor is under Title IV–A, and is under ceiling limitation. So it is not an unlimited factor.

And indeed, the District is already at its ceiling.

Title IV–B is where, I think, the Federal Government is derelict, really, in its responsibilities in the sense that it only allocates 45 million nationwide.

And there is an allocation formula based upon the per capita income and the number of children in the state under 18.

And for the District, this results in merely $176,000 a year. And that is used to fund, I think, 15 positions.

Mr. MAZZOLI. For the entire District?

Mr. YELDELL. For the entire District of Columbia, $176,000.

COMPREHENSIVE CHILD CARE PLAN

Mr. Chairman, about a year ago, I established a DHR task force comprised of expert staff in the Department and charged it with the responsibility of developing a comprehensive child care plan.

After an intensive continuing effort since that time, we are now on the threshold of completing this task. And I might say, that would be out prior to September 15.

You may be certain that, as soon as the plan is completed, it will be a privilege for us to share it with your Committee.

I mention this matter because I believe it has a significant relevancy to the objectives which H.R. 15779 seeks to accomplish.

The DHR comprehensive child care plan will address itself to the total service needs of children and their families living in the District.

Its mission is "to assure for all children and their families the opportunity for maximum growth and development in an environment conducive to their physical, mental, and social well-being."

It will specify not only what services are being presently provided, but also those that should be provided, by whom they will be provided, and when.

But what is of special relevancy to our discussion here this morning, Mr. Chairman, is the fact that the plan addresses itself thoroughly to this vital subject of the abused and neglected child.

It chronicles the gaps in the present system, and it advances in positive terms what must be done to eliminate them.

Permit me to share with you, at the risk of partially unveiling some of the key portions of the plan, some of the things it proposes to do, and, I might add, that I am determined we must do.

Mr. Chairman, the DHR comprehensive child care plan will call for:

(1) A strengthening of the Protective Services Program and the 24-hour Protective Service Program.

Now, I know there has been much talk around the community about the D.H.R. moving away from Protective Services as an identifiable program.

That is not the case. What the Department is moving to is a decentralization of protective services on a geographic basis, with clearly identifiable and defined roles to play in protective services, and related to a central thrust in the whole area of protective services.

It will require accelerated outreach efforts to identify families in which children may be vulnerable to abuse or neglect, and the provision of preventative, protective services to such families.

(2) The establishment of a multidisciplinary child abuse team as a basic component within the Protective Services Program, and as a resource to the Court.

(3) Appropriate amendments to the D.C. Mandatory Child Abuse Reporting Act of 1966, Public Law 89–775, dealing with such crucial issues as broadening the groups of agencies and individuals required to report, the establishment and maintenance of a child abuse register, and a greater involvement of Protective Services in the investigatory process.

I might say here, also parenthetically, Mr. Chairman, we met with a group from Texas that has a child abuse register system in which every case of actual abuse or suspected abuse is reported and is made available to those agencies in the area of child abuse.

Should such a case occur in a repetitive fashion, then the agencies are prepared to move in, and either move for elimination of parental rights, or certainly, to be sure to bring protective services into the situation.

We are considering such situations here in the District.

The plan will also call for the reorganization and restructuring of the Inter-Agency Committee on the Abused Child. This Committee was established in 1964.

Its purpose continues to be to assure that, through the establishment of coordinated procedures, no child who is subject to, or in danger of abuse is permitted to "fall between the cracks" because of the faults in the system.

At the present time, this Committee is comprised of representatives, designated by their agency heads, of many of the public and private organizations having responsibility for, or concern over the needs of these children.

The plan further requires that the Committee be enlarged so that it will be more broadly representative of such groups.

And to give it the clout that it must have, which, I agree, that it does not now have, it will be further proposed that it be named, appointed, and function under Executive Order of the Mayor.

Mr. Chairman, the District of Columbia Government recognizes the need for changes in the substantive law affecting children who are

abused. The present law is not only deficient in terms of omission, but creates obstacles to current prevention efforts.

For instance, there is a need for enactment of legislation to provide for the termination of parental rights.

We also consider critical to the success of efforts to prevent child abuse the expansion in the law of the persons who are required to report instances of child abuse.

Enforcement experience under the present D.C. Child Abuse Reporting Law of 1966 appears to support the creation of a penalty for failure to report.

To encourage such reporting, we recognize the importance of immunity provisions for those who report or are otherwise involved in proceedings regarding child abuse.

We also think a child abuse law must consider not only the child who is abused but protection for siblings.

The present law, D.C. Code Sections 16-2332 and 2311, needs to be amended to permit the Metropolitan Police Department to share its information about reported instances of child abuse with the Department of Human Resources and to require that reports of child abuse be filed initially with the Police Department.

Again, Mr. Chairman, I might say, parenthetically, both our Department and the Police Department have been working in regards to this matter. There is not a hesitancy on the part of the Police Department to so report, but a restriction in the law.

Both of these amendments will increase the City's ability to prevent child abuse cases.

These are some of the issues which we think must be addressed in a revision of the City's child abuse laws.

We would hope, however, that the revision could be comprehensive rather than piecemeal.

The work which the Department of Human Resources has been doing in connection with the development of a comprehensive child care plan, along with the result of these hearings, will provide the overview which we think is essential before comprehensive revision of the City's child abuse laws should take place.

We welcome the suggestion of this Committee that the record of these hearings be made available to the City Council so that the elected Government will have the opportunity to study and evaluate the concerns which are expressed by other witnesses.

With the DHR comprehensive child care plan in hand, the Council will be able to develop an appropriate child abuse law for the City of Washington, D.C.

That concludes my testimony, Mr. Chairman, and I and other members of the panel will be happy to respond to any questions you may have.

COMPREHENSIVE CHILD ABUSE PLAN

Mr. MAZZOLI. Thank you very much, Mr. Yeldell, for a fine statement. And it helps us as we try to wrestle with this problem to have the timetable for your comprehensive plan.

Mr. YELDELL. The plan itself will be issued September [illegible] before September 15th, on or before that.

And I might say, Mr. Chairman, very clearly that the purpose of release of the plan is to open it to public exposure and discussion, so that, indeed, what can result is a plan of action that the city will follow.

As I say, in the plan, we call good attention to where omissions have occurred. We call attention to where things need to be done. We call attention to where, indeed, legislation prohibits us from doing certain things.

It is a blueprint of what should be done, by whom it should be done, without any consideration of the current restrictions.

Mr. MAZZOLI. Mr. Yeldell, is that plan now being formulated in light of the fact that the District sits between and among two States, and to coordinate our plan with any that might exist in Virginia or Maryland?

Mr. YELDELL. Well, we live with that every day, Mr. Chairman, in terms of the Department. And in many areas, we are looking at regional cooperation.

Our concern, sir, is that we take care of children, certainly in the District of Columbia, but that there be provisions in the District for handling an abused child who may be physically in the District, no matter what his residency.

Mr. MAZZOLI. Very good. In the event that the publication of this plan will receive response from the community and from organizations and from professional members, is it your thought then to compile these responses, and filter them, and funnel them eventually to City Government, to the elected City Council, or what is your expectation with regard to this plan when it is distilled?

Mr. YELDELL. Mr. Chairman, I will be submitting the plan to the Mayor, who will forward it to the City Council for public hearing.

And at that point, the community, and that means organizations or citizens, will be in a position to comment on that plan. And there will be a written record of that.

And then, it is the hope that the Department with the City Council and those results will get together and actually set the plan of action for the city.

REPORTING REQUIREMENTS

Mr. MAZZOLI. Do you agree with the concerns that I have and others of the panel have expressed with regard to the criminal sanctions that are tentatively levied against non-professionals for failure to report instances of child abuse?

Mr. YELDELL. I listened to the comments on that, Mr. Chairman. I might say I do have some concern.

My thought is that what we are after is identifying as early as possible any child who may have been abused, or who is potentially in a position to be abused.

And it would appear to me that we would want to get that information in hand as soon as possible.

And rather than, from my point of view, having it functioning under some criminal sanction, it would be an extensive community program that would educate to the effects of child abuse, and encourage people to report as rapidly as possible, such instances.

I think, having the ability to go and communicate other than with a law enforcement agency in many cases may encourage other people to so report.

You say, non-professional. I am concerned about professionals as well. The teacher who runs across a cast in class, if, in relation to an outreach worker from the Department of Human Resources, on a social basis, is able to simply chat informally about what they consider to be a suspected case, it would appear to me we would start a process where we would begin to get concerned with the child, rather than with moving into the courts with people who have failed to cooperate with the system.

That is a personal opinion of mine. I don't know that Counsel or the police share that. And so I would appreciate their response as well, Mr. Chairman. But that is where I come down.

Mr. MAZZOLI. Well, thank you. Let me ask you one final question, Mr. Yeldell.

COUNCIL ACTION

Is it your expectation that this new plan will require action by the newly elected City Council? Or will this be some Department regulation that would carry over to the new Government?

Mr. YELDELL. No. It will very clearly require action by the Council in many parts.

There are parts of the plan that can be implemented because the power is solely within the Department of Human Resources right now.

In other words, we are saying that, when the Mayor started the Human Resources concept, the idea was to bring together on a comprehensive basis many of the services that are in the human area, human services area.

We are saying that we have not done all that we can do. And we are recognizing that in the plan. And we will move to immediate implementation of those factors.

There are other things that will require action by the City Government. There will be other thing that may even require Congressional action in terms of fully realizing the goal of our plan as we have written it.

ENFORCEMENT

Mr. MAZZOLI. Could I ask the lady from the Corporation Counsel's office, what is your feeling, or does Corporation Counsel have a position on criminal liabilities for failure to report?

Ms. HUHN. Yes, Mr. Chairman. In fact, I note in both Bills that it would be our responsibility to enforce that provision.

I would like to preface my remark by one statement, in that I have personally been involved in the handling of approximately 200 to 250 cases of neglect and child abuse in the last 2 years.

I say that because, in that 200 to 250 cases, I have never had a private physician in the District of Columbia make a report of child abuse, never, in any of those cases. Of course, I can only speak of my personal knowledge.

I would also state that, if we eliminated Children's Hospital, which, of course, we do not wish to do, the number of reports, outside of Children's Hospital and D.C. General, we would, practically, have few if any reports in the District of Columbia.

Reporting Immunity

And for that reason, I would like to also add one other note. In Title II, Section 164 of the D.C. Code, it states specifically that doctors who report presently are immune from civil liability.

Therefore, it would be my position that civil liability is not the answer. It has not been.

I would agree to a certain extent with what Mr. Yeldell is saying, in that for some quasi-professional people we do not need to have a criminal sanction.

I would also agree with the gentleman from Children's Hospital that certain forms of neglect may be a problem.

However, I think we have got to look at certain things. One, the doctors are not reporting cases. Two, other professionals are not reporting cases. Three, the fact is that any criminal sanction would have to be proved in Court.

We are not talking about, a person fails to report, they automatically get a fine or go to jail. We are talking about an attorney, Corporation Counsel having to go to Court to prove beyond a reasonable doubt.

I noticed some of the members of the committee seem concerned about being able to identify whether a person required to report has the ability to judge. I would liken it to the criminal fraud section of any code really, where knowing or having reason to know is one of the elements of proof that has to be shown.

I would just suggest to the committee that the way the penalty is written, it would basically have to require a prosecutor proving that the person knew or had reason to know. And that is a built in safeguard.

Because if they cannot prove the person knew or had reason to know, then there would be no prosecution.

I think that, it is certainly my position, and since our office would be prosecuting, I think this would speak for the position we would take on this kind of legislation, would be not to go out wholesale, and to prosecute every doctor and social worker and teacher we could get our hands on.

It would really be more a coercive factor to get these people to report.

I think, in the past, in fact just this week, we have had one case of a doctor who failed to report a serious burn case of a child, a private physician.

It only came to our attention, again, because of Children's Hospital.

I think that, if these people knew and were educated to the fact of criminal penalty, I think maybe we would never have to prosecute anybody. So we are in favor of this policy.

Mr. Gill. May I speak also to that point?

Mr. Mazzoli. Yes, Counsel.

Reporting Requirements

Mr. Gill. I think what could also be said is that, under present law, in certain extreme circumstances where the abuse of the child amounts to a felony, the person who fails to report is already liable for misfeasance of a felony; that is, to know that a felony has occurred, and failed to make that felony known.

But I think what we are also saying in the bill is that we feel that a great majority of cases involving child abuse, while they may not be felonies themselves, are those kinds of serious misdemeanors which ought to be reported.

And therefore, there ought to be a reporting requirement for persons who have knowledge, particularly professionals of the non-medical variety, and including the medical variety.

We have found, as a police department, that when there exists a reporting requirement with a sanction, it is easier to bring that to the attention of the person who has only a professional and moral duty to report.

So that, the existence of a penalty, the existence of a reporting requirement is a sanction in and of itself, without having to resort to Court, without having to resort to the imposition of the penalty.

Mr. MAZZOLI. Counsel, do you think that the police officers can be trained well enough to recognize the signs and symbols of abuse, so that you would not have one of your good police officers get thrown in the pokey for failure to report at some point, or have some aggressive prosecutor put that individual in jail?

Mr. GILL. I think, if I understand the question, the factor that must be recognized is that, with the commission of any crime, whether it be one of this seriousness and complexity or not, the police officer has a responsibility, and can be trained to do an adequate job.

But I think the more important point to be brought out here is the fact that everyone who makes a technical or a minor violation of the reporting requirement is not going to be prosecuted by the prosecutor.

In our system of justice, we rely on the prosecutor's office to exercise discretion in terms of bringing to attention of the Courts only those matters which have a serious consequence either to the community, to the standard of law, or to the individual involved.

So I do not fear for a danger with the police officers or with others in this area.

And I think, as previous medical authorities have reported to this Committee this morning, there are some which are serious without question that the average individual, even without special training, can recognize.

Mr. MAZZOLI. Officer, you are with the Youth Bureau, and I guess you have worked with young people and children. As a police officer, do you have any feelings or concerns or reservations about applying a criminal sanction to the reporting requirements for child abuse?

Lt. PEELL. No, Mr. Chairman. I am in accord with Mr. Yeldell and the Corporation Counsel and the D.C. Counsel. We feel that is the proper procedure.

CASES

Mr. MAZZOLI. If I may ask Corporation Counsel, there are some 200 to 250 cases that you personally associated with. How many cases could you make under this reporting law?

Ms. HUHN. With the present investigation by Youth Division officers, I have only —of cases I have taken to Court—we have only lost one.

And I do not believe, very honestly, it was because I am such a fantastic prosecutor.

I think it is because of the kind of cooperation and investigation that is going on with the Youth Division officers, and the close working relationship.

Mr. MAZZOLI. Perhaps I have not stated my case.

How many persons would you have been able to put in jail or fined $1,000 for failure to report?

Ms. HUHN. I can think of one case that may well be the perfect case because of what later ended up happening, and I might explain it to the Chairman.

It was a case involving a child who had approximately 18 fractures. He was taken to a hospital in the city, and was not reported as an abused child.

It was not until much later that other siblings came into the hospital. And finally, the children were removed from the home.

I might add to this, Mr. Chairman, that, about a year later, this gentleman was convicted of second-degree murder of another child who was not his own in the District of Columbia.

I think that this would have been a case; in fact, this would have been the case that I would have taken to Court. It was blatant. As a layman, I could say, that was an abused child.

Mr. MAZZOLI. You could have made your case.

Mr. Yeldell, I interrupted you.

Mr. Yeldell. No, Mr. Chairman, I would just like to say, I yield to Counsel in terms of what they can prosecute and what they cannot—but my concern is more relevant to what is developed as far as this discussion.

And that is that, in the interaction with a family, where there is even the slightest hint of abuse or possible abuse, if there is a team operation between the policeman on the street and a trained protective services worker, that much can be done to help the child.

You see, my concern is that the overemphasis on criminal sanction gets away from provision of services to children as early as possible.

So that, any further abuse of that child, or abuse of siblings is prevented. And it is from that point of view that I address my comments.

And I would not want to speak to the Counsel's point or police department's point, but from a human services point.

Mr. MAZZOLI. You make a distinction.

Mr. GILL. If I could add something to what Mr. Yeldell said. I think that he has perhaps brought our discussions a little bit better back to the focus.

Because I think what we are concerned with is: one, the identification of child abuse problems, and the ability to deal with them, whether or not they have come as a result of a report, whether they have come as a result of just police and citizen interaction.

The thing we are concerned about is to be able to recognize the existence of a child abuse problem, to be able to deal with it as a criminal problem if necessary, but in all cases to be able to deal with it as a need to provide human resources.

And this is the reason that we mentioned to Mr. Yeldell, and the reason that he has included in his statement, the ability of the Metropolitan Police Department in those cases where we find it is not appropriate to take criminal or police-type action, to be able to let them

know, so that they have an idea that here is a situation which merits our monitoring, which merits the application of the team concept.

I might also mention, by way of information, and parenthetically, that the chart that was listed on page 6 of the previous testimony by Dr. Heiser is perhaps a correct schematic diagram of that which occurs.

The only thing that I would add to it is, at the top of the page, I would put, report to police with the availability of a 24-hour protective custody representative, because we do have, on a 24-hour basis, in our Youth Division, a representative from the Protective Services Agency.

So there is already, at an early point, some seeking of expert assistance by the police officer, so he does not always have to make this determination concerning report, or concerning taking into custody.

And as you know, under the Court Reform Act of 1970, in Section 16–2309, the police department has the responsibility for making these custody determinations.

Mr. MAZZOLI. I thank you very much, sir. The gentleman from California? Mr. Stark?

Mr. STARK. Thank you, Mr. Chairman.

AMENDMENTS PROPOSED

I have a couple of questions. Mr. Yeldell, before I get into this, it seems to me that, on page 6 of your testimony there is a series of points which you feel are needed in your child plan which tend to parallel provisions in both Bills under discussion.

I can outline this. You are talking about the need for enactment to provide for recrimination of parental rights, expansion of the law to include additional persons who are required to report; a law is needed to encourage such reporting.

You recognize the importance of immunity provisions.

You also go on to say, you need protection for siblings. You need the law changed to permit the police department to share its information.

What I am geeting at is, would you comment specifically, with regard to either Bill, how you feel the provisions of these two Bills meet your requirements.

Those are technical things where, I think, we are in accord. If your Department could comment on those, it would be helpful.

Also, I want to know if you are aware of any other means that is widely used to identify families in which children may be subject to abuse, with the exception of an abused child?

Mr. YELDELL. You see, our whole point, Mr. Congressman, is that every worker interacting with a family, or indeed the movement through neighborhoods, but particularly interacting with the family, ought to be keenly aware of whether or not there is any possible abuse in that family situation.

Mr. STARK. What I am saying is, the only way that comes up, to my knowledge, is, unfortunately some form of abuse.

And I don't know of any other way to identify an abusive parent.

Mr. YELDELL. Yes. I think, what we are suggesting, though, that, in some cases, particularly noting where such abuses occur, what I am suggesting is that our social workers who are moving through this community and interacting with families ought to be keenly enough aware of what is happening in a family situation that, even before

abuse occurs to any one of the siblings, to be able to detect that there is a possible sign there, and to call in——

Mr. STARK. Excuse me, but I don't know that there is any human, scientific, philosophic, loving way to determine that at this point.

It is my understanding, from the hundreds of witnesses who have submitted or testified in this committee and in others, that the only way, dealing strictly with child abuse now, not children who are deprived of education and deprived of many of the benefits that your Department so ably tries to bring to them, but the case of child abuse, the only way we have now of determining a parent or parents who may tend to abuse is through the actual fact that they may abuse a child.

I don't know if there is any way. Do you know of any other way?

Mr. YELDELL. Mr. Congressman, let me not get out of my field, either. I am an administrator.

I would prefer to pose your question to professionals in the Department. And I think that, not only in the social end of it, but certainly that psychiatric social workers as well, I would like to see them answer that.

Mr. STARK. I would, too.

We recognize the problems that your Department has covered a far broader spectrum than what we are trying to deal with here, which is an illness that develops that adults suffer from.

It is medical, psychological, psychiatric illness that, for some reason that unfortunately is unknown to us, causes parents to physically mistreat, in some of the cases, psychologically mistreat, children. We cannot identify that with written tests, or indepth interviews, or blood tests, or behavior patterns as yet. That is not to say we may not as we make advances.

The problem is in identifying the parents. So far as we know, the only way to do that, unfortunately, is to find a child who has been abused, and so the thrust is to stop that.

So that, what I would like to know is, your plan will be out in a month, and therefore it must be in a definitive outline form.

CHILD ABUSE DETERMINATION

Could you indicate for us today, and, if not, submit as quickly as possible in writing, what your plan has in it with specific reference to the child abuse, to the qualifications of your social workers, to discover child abuse in its medical, psychiatric, and psychological term

I would ask you now if you know what the caseload will be for those who work in this plan.

Mr. YELDELL. I would rather submit it for the record. I would say, though, in differentiating that, the current protective services caseload is somewhere between 25 to 35 cases per worker.

I would also say, Mr. Congressman, that I am not at all certain that there are not some early signs that should be available to the trained eye.

And it is for that reason I would, rather than agree with your statements, submit that, again, for the record, because, from what I have heard, in the Department—

Mr. STARK. I would be happy to find that out. But as I say, that is the scary part of this whole thing.

Mr. YELDELL. Excuse me, Mr. Congressman. I think Mr. Gill would like to respond to this same question, if it is all right.

Mr. STARK. Please.

Mr. GILL. Concerning the initial hypothesis that you had for your question, the Police Department, in its role in attempting to settle family and neighborhood disputes, as it is called for noise problems and those kinds of things, often are made aware of situations which the experience of the same officers indicate could well lead to child abuse.

And this is the reason that we want an amendment to the law to allow for us to refer to them those cases which seem to have a high potential.

So I would disagree somewhat that the only recognition is the actual injury of the child. Often, it is the existence of a family situation which escalates to the point that the neighbors or a family member ask the police to come in and arbitrate the situation, if you will.

Mr. STARK. I would agree. Unfortunately, I think those things would tend to be domestic quarrels, a high degree of alcohol problems, which could be, cover a broader——

Mr. GILL. If I could make myself a little more clear, what I am saying is that there are family arguments, and there are family arguments. There are alcoholic situations and there are alcoholic situations.

And some of these are such which the experienced officer has reason to believe that the social workers should be called in, or the psychiatric worker should be called in for the purpose of evaluating.

Also, we have some officers who are in what we call the Officer Friendly Program—a part of our community relations program. And they work in the schools.

And they are sometimes made aware that the teachers in the school system have knowledge of students who are not functioning correctly in the class, who often reveal to them certain situations in the home which would merit some evaluation by those trained in the social work or psychiatric area.

So I would submit that persons who have contact with families, either through the school system, or through police work, sometimes see a high potential which indicates something different from the ordinary drunken brawl, something from the ordinary family-child type dispute.

Ms. HUHN. Mr. Congressman, if I may, I would also like to add to the factor that I have seen in many of the cases when we get into an investigation.

I would agree that there is not a cut, dry list, that they come up to 70 percent on the test, that it means that his is an abuse situation.

CHILD ABUSE INDICATORS

But I think there are indicators. And I think that, at least even in this stage of development of the knowledge, indicators which certainly social workers and doctors could speak to better than I can, but which have come out at meetings and associations I have attended.

Such as, the child that is born prematurely. Other things, many other things. Narcotics addict parents, and this kind of thing, which, when we look back after abuses happen, we see if there had been referral, if there had been a situation where someone has reported this

family as a problem family, we might have been able to avoid it or seen it coming.

So I think that, though there is nothing cut and dried, there are strong indicators to say, here is a family that may well abuse their child.

Mr. STARK. But then look to the child for the sign, because unfortunately we do not have that little gap, is what I am trying to get at.

Ms. HUHN. Right.

Mr. STARK. We can see indications of, say, instability in a family situation that should lead a trained public servant or private professional, to understand that it is an atmosphere or environment in which child abuse could take place.

The thrust of these types of laws, therefore are to report, or force the reporting of any observable incidents that the child is being abused.

I just want to focus on that, not to derogate any of the other excellent work that goes on in this same environment, which is so necessary, but to make sure that the other things do not obscure it.

If I could go back to the Counsel for the Metropolitan Police Department for a second.

CASES

I just want to repeat some testimony, a statement that I made at an earlier hearing, that, in California, there were over 1,600 reports in the first four or five months that our reporting law, which is similar to these Bills, went into effect.

The success of the California reporting law was partly a result of various agencies, including the police, putting on symposia, panels, speeches, illustrated diagrams in hospitals, schools, departments of social welfare.

I wonder if that isn't what you referred to earlier. That, faced with enforcing a law of this type, your Department, along with other District departments, would make a strong effort to educate the public and other officials of how to respond to this law.

Mr. GILL. Yes, I think that would be the case. And I think that that is a part of the concept that Mr. Yeldell has in mind.

And we have already participated in planning sessions with Human Resources concerning what he is now working on.

So once that program is put into focus, I think that that would be an appropriate time, and our usual practice with such new programs, to make communities aware of those situations.

And certainly, with his assistance and our community relations division's assistance, we could certainly gear up for some orientation, as well as some teaching in that area.

I don't mind that that concept is unusual and, perhaps, is already in the planning stage.

Mr. STARK. Thank you.

FINANCING

Mr. Yeldell, are you aware that it looks as if we have every reason to hope for some $15 million being available to the District government as the result of 93-247. However, for the District to qualify for any of its share of those funds, there are specific criteria which must be met.

Many of those criteria are in the form of a child abuse law being in effect in that District or State.

And I wonder if you—in your testimony, you deal with most of those, I think, by referring to items in these two Bills—but are you aware that the District must have its laws changed by Congress or by the newly elected to qualify for those funds?

Mr. YELDELL. Very much so.

Mr. STARK. And will your report, in effect, be easily translated into an application for the District's share of that 15 million at the earliest possible time?

Mr. YELDELL. Yes. And not only will it be directed to that, but also directed to ease of drafting of a child abuse law, if that is what the Council has to do.

Mr. STARK. I thank you all for taking the time, and again, for being so cooperative.

And I would hope that, as soon as possible, we could see patricularly that portion of your report which concerns this Bill, and that we could include it, if at all possible, in the records of these hearings.

Mr. MAZZOLI. The gentleman from Maryland?

Mr. GUDE. Thank you, Mr. Chairman.

ADMINISTRATION OF PLAN

Mr. Yeldell, you have stated on page 5 that to give the plan the clout that we want it to have, it will be further proposed that it be named and appointed by, and a function of the Executive.

And thinking about the problem of child abuse, you were saying this should be pare of an overall program. And that prevention would hopefuly also be utilized to deal with the problem.

What you propose is perhaps analogous to the Fire Department having the Fire Prevention Division. And then you would have the engines that would go out and take care of the problems where a fire prevention servies does not quite do the job.

We have not reached utopia, so we still have fires.

In having this division directly under the Mayor, would it not have to have considerable resources and a guarantee of its ability to operate independently to really respond to crisis situations?

Mr. YELDELL. Mr. Congressman, the reference to having it under the Mayor refers to the Inter-Agency Committee. In other words, that would be the combination of District departments that have a role to play in the care of children.

Under the plan, the Mayor would issue an Executive Order, and would name the members of that Inter-Agency Committee.

As it relates to child welfare and child concerns, most of that responsibility is already vested in the Department of Human Resources.

And I might say, we have had excellent cooperation from the other agencies. What we want to do is formalize that, and expand it, so that we can have, in that Inter-Agency Committee, not only the District agencies, but the private and social agencies in the community as well, as a part of that, with the clout of working directly to and reporting to the Mayor.

Mr. GUDE. Would this give the Director the ability to call on the several sources; not only call on them, but to get a response from the resources, when actually there is a need for prompt action?

Mr. YELDELL. The Inter-Agency Committee would not be administering any program, but would be comprised of the heads of agencies that do administer programs.

And by coming together regularly, and discussing issues, and setting courses of action, then the resources would be committed across the board to the program.

So it is not alluding to a Director of an Inter-Agency Committee. It is an Inter-Agency Committee itself, comprised of responsible individuals from the various departments, as well as combined with community input.

Mr. GUDE. But the Director is, in a sense, working in consultation with this Inter-Agency Committee?

Mr. YELDELL. The Director of which, Mr. Congressman?

Mr. GUDE. Your Child Abuse Prevention.

Mr. YELDELL. My comment does not address itself to that, because we are saying that, frankly, those responsibilities should not go into a single department.

But they ought to remain primarily with the Department of Human Resources. And those that are with other agencies come into that in a tangential way.

The Mayor, in naming a chairman of the Inter-Agency Committee, will address himself to the basic concerns of child welfare, and therefore, would assign a chairman to that.

And that chairman, with the support of the Mayor, would then be able to bring the other departments to play on the problem.

But I am not in support of a separate and distinct child abuse unit.

Mr. GUDE. I am not sure that I am either. But I am concerned that whoever would be responsible for a particular case of child abuse would find that he could not get the bureaucracy to respond, despite this committee that would be directly under the Mayor.

That somebody over in the one department might be dragging his feet. And another department might say, well we have to work on lead poisoning this week, and we just cannot get to your problem.

Mr. YELDELL. Well, you see, that is why we are saying, taking it out of the context—

Mr. GUDE. What I am saying, doesn't this problem form more of a crisis situation than most other problems that would be handled by your Department, so that you need a mechanism to get a swift response when you do have one?

Mr. YELDELL. Let me say, the issuance, the concern for child abuse takes priority setting in the District, period. So, yes, it does have high ranking in terms of its priority.

The second thing is, the Inter-Agency Committee would be solely concerned with this problem.

And I am suggesting that, by having it formed as we are talking about, with the heavy interaction of the Mayor, that the cross-administration cooperation and priority setting would be assured, and not fall between the cracks of the bureaucratic arguing over this priority taking another priority.

Mr. GUDE. Thank you, Mr. Chairman.

Mr. MAZZOLI. Thank you very much.

I would just ask one final question. When Congressman Fraser had his opening statement today, he indicated, one of the differences between his Bill and the Bill as introduced jointly by Congressmen Stark and Fraser and Stuckey dealt with the reporting to whom.

In the case of the Bill 15779, reporting is to the police. And in the case of Don's Bill, it is a report to the special center.

Mr. Yeldell, do you see any difficulty, or have any suggestions on that aspect? The reporting? The "to whom" part of the reporting?

Mr. YELDELL. We have no problem at all with the process of reporting to the police. What we are talking about is an interaction of the police and Human Resources at all times, just as we do in neglect.

Mr. MAZZOLI. Do you have good cooperation?

Mr. YELDELL. Extremely.

Mr. MAZZOLI. Would Counsel for the police have any difficulty with this present system?

Mr. GILL. The only problem we have is that that has been indicated, the inability to interact more under the law.

Mr. MAZZOLI. Corporation Counsel?

Ms. HUHN. I would state that I very strongly like the system, again with the one exception that the law needs to be amended so that police can make referrals to Protective Services, to help interaction.

I think that we have to keep one thing in mind. I agree completely with Mr. Yeldell, that if we can avoid Court and work these things out socially, they need to be.

But we also have to keep in mind the crisis nature of this. A child who is seriously abused, where there is a serious question of responsibility of the parent, quick action is indicated.

We may be talking about a 15-minute, 20-minute time period, where ten different professionals cannot get together and make a decision. One person needs that responsibility.

And also, we need the evidence in Court the next morning to be able to present it to a Judge so that that child, at least for some period of time until things can be worked out in the home, can be removed.

We need people who are evidentiary investigators. We also need social investigators. And I think we should not confuse the two.

Both have an important function. The social worker should be the social, supportive individual in this case, and should be able and free to work that way, and not have to be a negative force in terms of, I am going to take your child away.

They should be able to be positive, with the police doing, so to speak, the dirty work of having to take whatever action needs to be taken in this case.

Mr. MAZZOLI. And if you expand the group of people who have the burden and have to make a report, I think it is logical to think that those additional people would immediately, they could call in the police.

They do not think of calling downtown to the Mayor's office, some other agency. But they have been trained over a period of time, or they read in the newspapers, so they immediately call the police.

So that is probably going to be more or less logically how the average person is going to think in getting across a message that, I believe this child is in need of some help.

Mr. GILL. I am compelled to say, Mr. Chairman, that we often refer to our Department as the Department of Police and Miscellaneous Municipal Services.

Mr. MAZZOLI. We have that in our Congressional office, too.

Counsel?

Mr. HOGAN. Thank you, Mr. Chairman.

DOCTORS' ROLE

Why are not the doctors reporting the cases?

Ms. HUHN. If I may address that in part, and it is only, of course, based on my experience and supposition.

One, I think, they realize that it means that they have to come down to Court and testify. Doctors, as most people, do not relish that factor.

And it is necessary. Our system—and I am glad—is very formalistic, in that the Judges are very cognizant of the fact of protection of rights of everyone involved, so only good, relevant testimony is allowed. But doctors do have to come down.

It means, in the case of a private physician, possibly antagonizing his client, his patient, and their families. I think that, probably, the medical people can speak to it, but there are many reasons.

I think those are two of them. The time that it takes away from a private practitioner. He either remains on call, but still cannot go into surgery, or cannot make up a certain day in terms of appointments, because he is on call to the Court and must, upon a phone call, come rushing down to Court. So it is time consuming.

I think these are a lot of reasons.

Mr. HOGAN. Now, you had 250 cases in the last 2 years. How many of those——

Ms. HUHN. That is just myself, now. There were others.

Mr. HOGAN. You mentioned one. How many of those involved instances where you believe the medical practitioner failed to report something which should have been reported?

Ms. HUHN. I can, off the top of my head, thing of about at least a half a dozen. And those are just cases where I have had to come to grips with the doctor personally in terms of getting him to report a case because I needed his medical testimony.

Mr. HOGAN. So you are talking about 6 cases out of 250. And for those instances, you want a criminal penalty laid against the individuals for failing to report those six cases.

Ms. HUHN. But these are cases that later, through some freak accident, did come to our attention.

I can also think of one particular case where there were four dead children in different parts of the country that were never reported as abused children.

So I could not even begin to think how many other children have been seriously injured or died, and never come to anyone's attention.

I know of one particular case where, 6 years later, the earlier abuse which resulted in the child's being blind in both eyes came to someone's attention, where the doctor failed to report.

I don't know—I cannot give you a number. I can think of just six cases where I actually found out about it.

EXAMINATION REQUIREMENT

Mr. HOGAN. Now, all of you testifying here represent the Government. Would you object to the committee putting a provision in this bill that would require, once the matter is reported to any District official, putting a requirement in here that the District has the liability then, or the responsibility, to insure that that individual is immediately medically examined by some District medical examiner, presumably D.C. General Hospital?

Ms. HUHN. May I ask, which person? The child, you mean, be immediately medically examined?

Mr. HOGAN. Whoever the report is reporting on. In other words, I assume that the report would indicate that they have medically examined a John Jones today, age seven, or something like that.

And laying a requirement on the District Government that, within 24 hours, that that child will be examined by some representative of the District Government?

Ms. HUHN. I would have no actual problem with that, except for a few things.

For example, many of our children are admitted to hospitals. In other words, let's say, a child at the Children's Hospital. It would seem unnecessary and a waste of time to have one of D.C. General's doctors, who, I am sure, are excellent, as I am sure Children's Hospital's doctors are excellent, to leave D.C. General and go to Children's Hospital to examine a child that is in the care of the hospital.

I think that, maybe, if it was a child who was not admitted to a hospital, and is taken into custody, or there is some situation concerning that, I believe it is done now, and within 24 hours, the children are physically examined.

Mr. HOGAN. If you are talking about good enforcement, good law enforcement, I gather that is what we are talking about here in laying a criminal penalty on people to report.

You know, there are a lot of medical people who are of retirement age. And as I understand it, you know, the older you get when you are practicing medicine, the higher your malpractice rates get.

So a lot of these people who are, you know, in the retirement years are virtually precluded, in a sense, I suppose, from any great amount of practice.

Why couldn't you have someone whose principal practice would be related to do this kind of examination? You have 6 cases out of 250 that you prosecuted. Why couldn't the District Government hire someone to take some of this responsibility off the private sector?

You know, lay some requirement on the private sector to report it, but then have the Government, to give the Government some responsibility also, to insure that this individual is immediately examined by some individual who is employed by the District Government, maybe perhaps for the specific purpose.

In other words, for the purpose so that the doctor would not have to testify.

I assume, if he is examined within 24 hours, I assume, if the injury was there, you would not need the testimony of the practicing private physician.

Ms. HUHN. I think that is probably Mr. Yeldell's department, D.C. General. He would probably have to speak to his opinion on that particular thing.

Mr. YELDELL. Well, I would have no problem, from the intent of your question.

I think there would be a huge problem to be worked out in the medical profession itself. I think, with the huge number of cases coming from the National Children's Center, and the issue of concern that is exemplified there, as opposed to the lack of concern that may be elsewhere, that there would be something to be worked out within the medical profession itself, and with the medical societies, it probably could be worked out.

I think that, clearly——

Mr. HOGAN. Certainly, if these children are taken to some District facility, normally you have some contract with either some retainer with a private physician, or you have the medical facilities of the medical treatment available through D.C. General Hospital or something.

But they handle, for instance, the facilities out at Laurel there, for the facilities at your placement centers.

Mr. YELDELL. Counsel, I have no basic problem with the intent of what you are suggesting. I can see problems in actually working it out.

A child arriving at Children's Hospital in a severe state may not be movable within a 24-hour period of time.

Mr. HOGAN. Well, I understand that the Committee may require the individual to go to D.C. General or to go to Children's Hospital, and to examine this individual.

Mr. YELDELL. Well, that is why I am saying I think that there are many problems to be worked out logistically with it.

The intent of what you are suggesting is that a District doctor would examine within 24 hours, and be prepared to testify in Court.

The intent of that is good. The logistics of working that out, I see having problems of many magnitudes, and I would rather look at that very carefully to see just what could be done before agreeing that that ought to be embodied in the law.

FEDERAL FUNDS

Mr. HOGAN. Now, how much Title IV–A funds do you get from the Federal Government, do you recall on that?

Mr. YELDELL. We get about $8.9 million in total funds.

Mr. HOGAN. And as far as the state agency is concerned, or whatever agency you are going to set up, the Mayor has the authority now to do that.

In other words, if this goes September 15th, if the plan goes September 15th to the Mayor or to the City Council, the Mayor could, within 30 days, presumably set up an agency, could he not? A board? Whatever he wanted to set up?

Mr. YELDELL. Well, he could, certainly.

Mr. HOGAN. So that, what is proposed here could take place relatively soon.

Mr. YELDELL. It could, in terms of movement of plans. I doubt that it would be—I would suggest that it would be highly unlikely.

Because the very thrust of the Mayor's concern is to go into an integrated service situation, rather than an isolated one.

In other words, that is exactly why the District has been in the forefront of establishing Human Resources as a concept in the District.

Mr. HOGAN. I am not talking about a separate agency. I am talking about an agency within the Department of Human Resources.

Mr. YELDELL. Well, our suggestion is that that is unnecessary, because Human Resources already has the responsibility. And another agency would not be the required situation, but strictly what is there.

Mr. HOGAN. Well, you are talking about a board then. Is that right?

Mr. YELDELL. There is already in existence an Inter-Agency Board.

Now, what we are suggesting is that that be strengthened and expanded, and that be established under the Executive Order of the Mayor, rather than as it has been under the Welfare Department.

Mr. HOGAN. But he can issue that Executive Order immediately, couldn't he?

Mr. YELDELL. I suspect he would, soon after the comprehensive child care plan is forwarded to him. That is one of those early implementable items, yes.

MANDATORY EXAMINATION

Mr. HOGAN. Now, again, Corporation Counsel, there is a mandatory provision for examination of the parents here, as I understand it.

Ms. HUHN. In the one Bill, yes.

Mr. HOGAN. In the one Bill. And Dr. Green, as I recall, opposed that provision.

Couldn't there be a provision in here that would permit that particular matter to be adjudicated? You know, let Corporation Counsel petition the Court for that authority?

Ms. HUHN. I would say this. Again, if I can draw a correlation, especially in the psychiatric area.

The code, as it now stands, says that a child could be neglected if psychiatrically the parent is unable, or physically really, for that matter, to exercise those responsibilities for the child.

Unfortunately, we get into this dichotomy that this would assist us on. And that is, the parent may absolutely have unbelievable medical, emotional, psychiatric problems, and, because the person does not go to a psychiatrist, there is no way I can go into Court and show that is so.

Because the way our law is, we cannot get a psychiatric evaluation of the parent until after neglect has been found, which is really a kind of, you know, a problem argument, because you cannot prove it—you cannot get the information until you prove it, and you cannot prove it until you get the information.

I think that something within the discretion of the Court, upon motion possibly of the Corporation Counsel, where cause is shown, would be a very good idea.

I think it would modify the way it is a little bit, and I think probably take away some of the possible privacy arguments that many people would raise.

Mr. HOGAN. This is what I am talking about. Could you give this language to the Committee?

Ms. HUHN. I would be glad to do that.

Mr. MAZZOLI. Thank you very much. I appreciate the time the panel has given to us. It was very helpful. Thank you.

Our next panel consists of Brian Fraser, the Staff Attorney for the National Center for the Prevention and Treatment of Child Abuse; Jose Alfaro, the Deputy Staff Director, Select Committee on Child Abuse in New York State Assembly; and Prof. Judy Areen, Juvenile Justice Clinic, Georgetown Law Center, Georgetown University.

So, however you want to proceed. You might identify yourselves for the Reporter so he will know in what order you have arranged yourselves at the table.

Mr. BRIAN FRASER. My name is Brian Fraser.

Ms. AREEN. I am Prof. Judy Areen.

Mr. MYLNIEC. Prof. Wallace Mylniec. I am Co-Director of the Juvenile Justice Clinic.

Mr. MAZZOLI. Excuse me. Do I understand that Jose Alfaro is not here this afternoon? Apparently not. You may proceed.

STATEMENTS OF BRIAN FRASER, STAFF ATTORNEY, NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT DENVER, COLORADO; ACCOMPANIED BY WALLACE MYLNIEC, CO-DIRECTOR, AND JUDY AREEN, DIRECTOR OF THE JUVENILE JUSTICE CLINIC, GEORGETOWN LAW CENTER, GEORGETOWN UNIVERSITY

Mr. BRIAN FRASER. Mr. Chairman, I would like to thank you for giving me the opportunity to testify today.

I am Brian Fraser. I am the Staff Attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, Colorado.

Today, I am representing the Center for Dr. C. Henry Kempe, who expresses his regrets that he cannot be here today, and the Education Commission of the States, for whom I am a consultant on legislative matters.

I have been working exclusively in the area of child abuse and neglect for the past two years, and in particular, in the legislative area.

And I would like to start out this morning by saying that both H.R. 15918 and H.R. 15779 represent the direction I see most of the country moving over the next three years. Both are good bills.

SUPPORT H.R. 15918

We believe, however, with a few reservations, that Mr. Fraser's Bill, H.R. 15918, is the better Bill, and we would suggest its adoption.

Both the centers that I represent and myself applaud the idea of a child abuse prevention center. We have suggested this for some time now.

We are of the firm belief that you can only solve these problems with a multidisciplinary team. And I think this is probably one of the basic concepts found in Public Law 93-247.

Amendments Proposed

We would, however, make a few suggestions concerning the roles and the procedures to be utilized by this center in D.C.

One, we would suggest that the language found on page 3, lines 11 through 15 be redrafted to read: the Director *shall* coordinate all efforts, and *shall* contact—and this means, striking out the words, when appropriate—all public and/or public agencies, groups, or individuals within the community in an attempt to coordinate and make available all services and resources.

In layman's terms, we believe that the Director of the center should be mandated to identify all tertiary agencies and individuals within the community who can be of aid.

In too many cases, there are existing but fragmented and uncoordinated service agencies. To mention a few, Families Anonymous, or Parents Anonymous, lay therapy groups, Alcoholics Anonymous, crisis nurseries, mental health centers, visiting health agencies, public health nurses, school social workers and nurses, the Salvation Army, Red Cross, et cetera, et cetera.

These could all be utilized, but they have not been identified, and they have not been brought into our delivery system.

If the Director is not mandated to do this identifying and this coordinating, we have got a queasy feeling that it is just not going to be done.

I am afraid that what is going to happen is you are going to create another quasi-public agency, and just increase the confusion.

We would also like to point out that, when you educate the community members, and when you expand the definition of abuse to include neglect, you are going to increase astronomically the number of reported cases of child abuse.

This increase in the number of reports is going to mean an increase in the number of required investigations, and an increase in the number of families that must be offered services.

Cases

If you do not develop a more effective utilization of services, you are going to be simply swamped. The example that comes into mind is Florida. In 1971, there were 250 reported cases of child abuse. In 1972, they initiated an advertising campaign, what child abuse is, how do you identify it, where do you report it to.

At the end of that year, the number of reported cases had increased to 14,000. In 1973, they initiated a state-wide hot line, one number to report cases of child abuse. And by the end of 1973, the number of reported cases had increased to 28,000.

The important fact to note, I suppose, is the number of social workers handling these cases were the same in 1973 as they were in 1971. They were just swamped.

Protective Services

On pages 4 and 5 of both Bills, there are specific tasks noted for each member of the child protection team. And we have no quarrel with specific professional duties.

But we would suggest that the team, the child protection team as an entity, have certain tasks. And these tasks should be enumerated.

In short, we believe that the group, or the entity tasks should be noted and incorporated into the final version of the bill.

Well, as I was saying, we believe the team has duties itself, and that these duties should be enumerated in any bill that comes out of the committee.

We would suggest that the duties include:

One, an attempt to determine in every case whether or not this is abuse or neglect;

Two, if it is abuse or if it is neglect, whether the case should go to the juvenile court or the district court with juvenile jurisdiction;

And three, determine what services are available within the community and what services should be offered to the abusing parents or the abused child.

Court Action

I would just like to expand a little bit on point two, the filing of the petition in the juvenile court.

We believe that a petition should be filed if any one member of this multidisciplinary child protection team feels that it would be in the best interest of the child. Not a majority, but if any one member feels it would be in the best interest.

I guess what I am saying is a child is a person under the law, and as a person he should have his rights to a day in court. In too many cases, children just don't get their day in court.

On page 6 in Section 102(a), and I am talking about Mr. Fraser's bill, 15918, there is a provision made for the removal of the child from his home once the investigation has been initiated, and we have no quarrel with a concept such as this.

We would suggest, however, that you may consider adding another provision, as a number of other states have, and make provision for temporary custody in certain situations before the investigation has been initiated.

We have suggested the additional provision would give authorization to an individual physician or a hospital to assume temporary custody when, one, the physician or the hospital has a child before them that they believe to be abused; and two, they feel there would be a certain amount of danger if the child was returned home.

As you know, in cases such as these there is a tremendous amount of doctor shopping and hospital shopping, and it seems to me somewhat ludicrous to say we are going to identify cases of child abuse but then we have to wait 6 to 24 hours and file a petition, and hope that the name that the parent gave to the doctor or that the address that the parents gave to the doctor or the hospital is the correct one. In too many cases, it just turns out it is not.

Central Registry

Now, under Title I there is a provision made for a central registry, and again we applaud the concept. About 33 states do have central registries. Another 10 have central registries created by administrative fiat.

We would hope, however, that the term "credible evidence" on page 8, lines 9 and 10,, would not be interpreted to mean evidence which is sufficient to support an adjudication in the juvenile court.

If the central registry is going to function at any utilitarian level, it must include suspected cases as well as adjudicated cases.

Now, I don't want to berate the subject, but still talking about the centr d registry, on page 9, lines 7 and 8 there is a provision which states that anytime any person identified in a report in the central registry may receive upon request all information pertaining to them.

I would assume that the phrase "any person identified in a report" would include the suspected abuser.

We would suggest that if the suspected abuser is given access to all the information in the central registry, including the name of the person who made the report, this is going to have a chilling effect on the reports that you receive.

Perhaps a more pragmatic phrasing would be to give the identified person, the suspected abuser, all information excluding the name of the reporter and excluding the name of the persons who have cooperated in the investigation.

Further Amendments Proposed

I will move on to Title 2, and again I am talking about H.R. 15918. I am just going to throw out a number of short observations.

Perhaps the phrase "sexual abuse" should be redrafted to read "sexual molestation," which we believe has a broader connotation and would offer a little more protection to the child.

We suggest that not only reports of suspected abuse, the fait accompli, be required, but add a phrase, "circumstances and conditions which would reasonably result in abuse" be reported also.

If you are truly interestd in the health and safety and the welfare of the child, and both bills talk about this in the opening remarks, then it seems to me ludicrous to wait until there is some irreversible injury. I mean, the basic purpose of the mandatory reporting statute is to identify children in peril as quickly as possible, and offer them protective services.

Language such as "circumstances or conditions which would reasonably result in abuse" is used in the Colorado law, and about seven other States, and it seems to work relatively well.

We are not going to take any firm stand on who should do the investigation. Up to about 6 months ago I was firmly convinced that it should not be the police department. In the last 6 months I have revamped my position somewhat. There are a number of police agencies around the country doing an excellent, excellent job.

There is no reason why the police department in the District of Columbia can't do the same thing, with the caveat that there is adequate training.

One of the reasons that we are favoring Mr. Fraser's bill, H.R. 15918, is because it requires a rather extensive investigation.

In too many cases—and I do a fair amount of traveling around the country—we see sloppy, superficial investigations which have devastating results.

The recommendation of any team can only be as good as the information that it has at its disposal, and this, of course, is directly correlated with the quality of the investigation.

In simple terms, a lack of specificity in a particular bill may later lead to bureaucratic nonfeasance. Again, I have seen it happen again and again.

My time is running short so I will just make a number of very, very quick observations.

In Section 203, page 12, regarding immunity, it is not bad, but why not add a provision, "presuming good faith of the reporter."

In Section 205, page 13, relating to color photographs and x-rays, we believe that it is absolutely necessary, and again should be contained in any bill that comes out of this committee.

Section 206, page 14, providing a penalty for a failure to report, I go 50-50. I don't really know how much pragmatic value it has. I have never heard of a case being prosecuted criminally for a failure to report.

There may be some argument for including a provision for civil liability for a failure to report. Now, it is true you can accomplish the same ends through the doctrine of negligence per se, but again perhaps there is some value in having it down on paper in black and white.

Section 208, I just find it inconsistent with the tenor of both bills. I can't find any justification for such a doctrine. I personally find it repugnant. That is my personal observation.

Finally, we are in complete agreement with Mr. Fraser's bill for creating a guardian ad litem. This has been adopted in law in Colorado. Our program has been going for about two years. It is working well, and we think it would work well in the District of Columbia also.

In summary, we are enthusiastic about the contents of both prepared bills. However, I, the National Center, and the Education Commission of the state favor and will endorse H.R. 15918, with certain reservations that I have stated here and in the prepared text.

Thank you very much.

[Mr. Fraser's full statement follows:]

PREPARED STATEMENT OF BRIAN G. FRASER, STATE ATTORNEY, THE NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT, DENVER, COLORADO; CONSULTANT FOR THE EDUCATION COMMISSION OF THE STATES

I would like to take this opportunity, on behalf of The National Center for the Prevention and Treatment of Child Abuse and Neglect, The Education Commission of the States and myself, to congratulate the drafters of this creative and innovative piece of legislation. We do, however, have a few comments concerning the language of the text which we feel should be given very strong consideration.

MULTIDISCIPLINARY CHILD PROTECTION UNIT

Initially, let me say that we commend the idea of the creation of a multidisciplinary child protection unit within the District of Columbia. We have advocated this concept in the past and we will certainly lobby for its inception in other states. We fully agree that the enumerated purposes should be an attempt to protect the interests of the child, to prevent further abuse and, where possible, to preserve the family unit. We would suggest, however, that perhaps a fourth purpose should be specifically enumerated in the purpose clause: "An attempt to further cooperation between various states and state agencies in the area of child abuse."

AMENDMENT PROPOSED

Under Title I, we are pleased to note that the drafters have indicated a belief that the utilization of private as well as public services is necessary. We fully

agree. We must begin to recognize that there are many tertiary services available within the community, and that these tertiary, private services can play as great a role as can the public agencies. We believe, however, that the language on page 3, lines 11 and 12, should be altered to read:

"The director shall coordinate efforts and shall contact (striking the words when appropriate) concerned public and private agencies, groups or individuals within the community in an attempt to coordinate and make available all services and resources existing within the district in an attempt to accomplish the purposes of this act."

(The services referred to in the above are preventive, diagnostic and treatment services.) In brief, we feel that the services available within the private sector are important enough to require some form of mandatory recognition, organization and utilization.

REPORTS

You may wish to consider a completely separate, objective and neutral committee of persons to perform the functions outlined in Section 101(c)—Report of Activities and Recommendations. We fully agree with the responsibilities that you enumerate in Section 101(d)(3) for individual members of the team. However, at the same time, we fell that the team as a unit has certain obligations. These should be specifically noted to include:

1. The screening of each and every report of suspected child abuse and neglect—founded or not.

2. Making the determination of whether or not this particular case should be filed in the juvenile court, and

3. Making the determination of what treatment services available within the community would be beneficial and what treatment services should be so allocated.

In regard to point 2 above, we feel that every child should have the right of access to the courts in order to fully protect his interests (and this is fully consistent with the purposes that you enumerate under Title 1). Accordingly, we would suggest that a petition automatically be filed on behalf of the subject child when any *one* member of the "team" feels that it would be in his (the child's) best interests. It is, therefore, suggested that the language in Section 101(b)(2) be somewhat expanded.

We think it imperative that you continue to limit the role of the Center's attorney to research particular aspects of the various child abuse cases. In no situation should this attorney represent the parents, the child or the petitioner.

Furthermore, we believe that the term "credible evidence" as used in Section 102(b)—reference to the retention of a report in the central registry—clearly indicate that this does not mean evidence necessary to support a petition in the juvenile court, but something substantially less. If you allow the term "credible evidence" to become too strictly defined, you lose much of the diagnostic value of the central registry.

Finally, under Title 1, we must state that we are fully in accord with any attempt to provide educational and training materials to the lay public. Various research projects (and other pieces of model legislation) have indicated time and time again that the lay public, to a great extent, is not aware that child abuse in fact, exists and how to identify it. It is suggested that the Center be specifically responsible for any publicity campaign directed toward the public and any training programs designed for the para-professional and professional working within the area of child abuse.

Under Title 2, of the proposed act, we would suggest that the specific definition of child abuse, Title 16, Section 2301(23)—page 14, be somewhat more consistent with the definition noted on page 9, lines 13, 14, 15—"a non-accidental physical injury." Furthermore, we would suggest that the term "sexual abuse" be struck in every instance and the term "sexual molestation" be used to replace it. Sexual molestation, it is felt, has a broader connotation and would be somewhat more appropriate in this case. We would suggest that the phrase "promptly exchange reports" (Section 202)—police to Center, Center to police—be specifically interpreted to mean an exchange within 24 hours. Furthermore, we think it imperative that a phrase or two be added to acknowledge the fact that it is a multi-disciplinary team which decides the pivotal questions as to whether or not this is abuse, whether or not it should go to the juvenile court and what treatment is necessary. There is no quarrel with a police investigation but final decision-making must rest with this multi-disciplinary group (vs. the old tra-

ditional unilateral decision-making made by the police department or the department of social services).

Section 203 should be expanded to presume the good faith in the making of the report. And, I would seriously debate the moral validity of a section such as 207 (abrogation of requirements for spiritual treatment). If you define the purpose of this act to be the child's best interests, than this is in direct conflict with Section 207. Section 207 is a protection of parental rights not children's rights.

Section 9(e) of 208 is excellent and should be retained at all costs. It will provide helping agencies with a tool necessary to protect children's lives rather than wait for a repeated attack and then act. There is, in short, certain validity in differentiating abuse as "fait accompli" and potential, but making provision for both.

Also, we would very strongly suggest that you include a provision within the act granting to qualified physicians the right to take and record X-rays for internal injuries and color photographs of superficial body trauma; the sad fact is that by the time these cases come to court there is often no residual evidence of past damages—and this is true for both bone damage as well as superficial skin trauma. You simply cannot protect the child's interests until you have adequate evidentiary tools.

We believe that in certain cases (physician feels that the child has been abused and to return him immediately to the parents would place him in imminent danger) the physician should have the right to assume temporary custody of the child—with the condition that a report be filed immediately. This particular approach has been adopted by a number of states recently for the particular purpose of providing a continuity of care and to insure that a child who has been identified as being seriously at risk is not lost. For these same purposes, we would suggest that the District of Columbia consider a similar clause.

H.R. 15918

In those cases in which the text of HR 15918 and the text of HR 15779 are the same, the comments contained in the first portion of this written statement shall also be the same. We would suggest that 102(b), page 6, line 19, be rephrased to read that the director shall file a petition on behalf of the subject child if *one* member of the multi-disciplinary team feels that it is necessary. Other than on this particular point, we are in full accord with the provisions of Section 102.

We take no position concerning who should be responsible for making the investigation once a report of child abuse has been initiated. We would only suggest that whatever agency is responsible be required to do a thorough job in a non-punitive manner. We fully agree that there should be an option open to the investigating agency for a physical, psychological or psychiatric evaluation of the various family members (Section 202, page 12, line 12).

We strongly support a provision such as Section 205, page 13, line 16.

All factors being considered, we would suggest that HR 15918 is perhaps a better bill. In conclusion, we note that appropriate comments made concerning HR 15779 may apply to provisions of HR 15918, and in these cases the appropriate deletion or addition should be made.

BRIAN G. FRASER,
July 22, 1974.

Mr. MAZZOLI. Thank you very much. I appreciate your testimony. It has been very helpful to us.

Professor.

Dr. AREEN. Thank you.

Mr. Chairman, members of the committee, ladies and gentlemen, I appear before you today as a professor of law from Georgetown University, as Director of the Juvenile Justice Clinic there, and as a member of the Family Rules Committee of the Board of Judges of the Superior Court of the District of Columbia.

Thank you very much for inviting us to testify on the bills.

The Juvenile Justice Clinic, I might explain to you, is a program that Georgetown University runs which trains and provides 20 third-year law students to serve as legal counsel, under the supervision of

law faculty members, for children in court proceedings here in the District of Columbia.

This past year our clinic lawyers represented over 200 children involved in cases of child abuse, neglect, and delinquency.

In addition, as part of our work in the area of the legal rights of children, we have just completed a survey of the current abuse, neglect and termination of parental rights statutes of all 50 States.

Social Services Required

Our work in this area reveals the need for some changes in the present legal procedure followed in child abuse and neglect proceedings which we shall discuss in a moment.

But the primary problem in the District of Columbia at the present time, we believe, is the lack of adequate social services for families with abuse or neglect problems.

If the District acts at all—and often no help is provided, even when it should be—it tends only to take the abused or neglected child from his family.

Little or no aid of any sort—and I am thinking of such things as homemaker services, group or family therapy, career counseling, and so forth—is thereafter provided to the parents of that child.

Not surprisingly, when the case is reviewed in 2 years, the court determines that there has not been enough improvement in the family situation to justify returning the child.

One consequence of this unfortunate pattern is that the current average stay in foster care in the District of Columbia is an unbelievable 7 years. Let me emphasize that, 7 years.

Many of these children thus never enjoy the security and continuity of a permanent home, for they leave foster care at the end of 5 or 7 or 10 years, not to go home, but to the street, simply because they have now turned 18.

Studies, of course, have well documented that the longer children remain in foster care, the more prone they are to signs of emotional disturbances.[1]

In part, this reflects the fact that the longer a child stays in foster care, the higher the odds are that the child will be moved again, and again, which can seriously hurt the child's already fragile sense of self-worth.

A 1963 study, for example, found that 28 percent of the children in foster care had been moved to three or more foster homes.[2]

Currently, I might point out, there are over 2,500 children in foster care in the District of Columbia. And remember, their average stay currently is seven years.

Now, the paradox of permanent, so-called "temporary" foster care, of course, need not and legally should not continue.

A greater focus on working with the original family to reunite the child and parents should help most of the problem. For those few who cannot be reunited—as when the parents have simply disappeared—adoption should be encouraged.

---

[1] *See, e.g.*, Fanshel and Maas, *Factorial Dimensions of the Characteristics of Children in Placement and Their Families*, 33 Child Development 123 (1962).

[2] Children's Bureau, U.S. Dept. of Health, Education and Welfare, Children, Problems and Services in Child Welfare Programs (1963).

This is why reporting, we believe, is not the major issue. I have a feeling there is a tendency among lawyers to deal in the area with which we feel most comfortable, and something like the emotional needs of a child generally sends us scurrying to the hills.

There has been a tendency, therefore, for legislators, when they address themselves to the problem of child abuse, to focus primarily on reporting.

But let me put it this way, our feeling is we do very little to help the families who are now reported. What benefit is there to increase the number we report on, if we do not really provide services once they come into the system?

We believe this bill will speak to both of these critical needs, reuniting the child where possible, for adoption where it is not possible.

Child Center

The major innovation of this bill would be to establish a center which can work with the entire family.

Now, without getting into the debate that you have heard today as to where to locate the center, the one thing that is clear to us is that these services are not now being provided.

You will hear shortly from Anne Riley who explains she is, as far as she knows, the only professional working in the field of psychotherapy for these parents at the present time in the District of Columbia. One person.

The Denver program, by contrast, that Mr. Fraser has described works with families and has been able to reunite parent and child in a phenomenal 90 percent of the cases it handles.

We believe this bill might make possible similar results here in the District of Columbia.

Child Adoption

For those children who cannot be returned home, clearly new homes must be found. Adoption has been hampered in the District, though, for several reasons.

First, many families were willing but simply not able to care for these children without some financial assistance. They were forced in the past, therefore, to serve as foster rather than adoptive parents.

The recent passage by this Congress of a subsidized adoption bill for the District which was signed into law by the President last winter should alleviate this hurdle. But a technical one remains.

Even when parents are missing or unable to ever care for their child, adoption cannot be authorized until the legal rights of parents are terminated in a court proceeding.

Apparently through legislative oversight, as far as we have been able to determine, a statute to guide such terminations was omitted in the 1970 revision of the D.C. court system.

The Board of Judges has attempted to fill this void with a rule which permits such terminations,[3] but the legal validity of this procedure is open to question, to say the least.

Judge Ketchum of the Superior Court observed only two months ago:

---

[3] *See D.C. Super. Court Rule* (Neglect) 18(c).

> Such substantive issues as the rights of parents should be the subject of legislation rather than the rule-making authority of judges. The Court invites the attention of the United States Congress to this serious oversight in the D.C. Court Reform and Criminal Procedure Act of 1970.[4]

The present rule, moreover, provides no guidelines other than to authorize termination when the judge finds it would be in the best interest of the child.

This bill, by contrast, establishes some helpful standards to guide judges in the difficult exercise of their authority to terminate parental rights.

More importantly, it requires that hearings occur on this issue at regular intervals to ensure that the Department of Human Resources does not continue to allow children to languish in foster care as it has in the past.

If the time limits to hold these hearings seem short, I ask you to remember that especially with abandoned infants their chances for adoption decrease the older they become, while the chances for irreversible psychological damage increase.

I thought I might take a minute to respond to several issues that have been raised in earlier questioning, and then I will yield the balance of my time to Professor Mylniec.

Amendments Proposed

First of all, you will hear in a while from FLOC, the community association, which will recommend that there should be a provision which requires the court to, first, try to alleviate the problems by providing services to the child in his or her home, and only as the second measure to consider removal.

I think that is a needed and important change that should be made in the bill, although I point out to change the law doesn't help if we continue, as is now the case, to have no services to provide in that situation.

I was delighted to hear Mr. Yeldell indicate that protective services will be improved, but I point out, this is hardly adequate, because protective services, by definition, focuses on the child and the welfare of the child.

What we are trying to say is the problem here is, there is still a chance to get the child and the family together, but we have to pay attention to the family as well as the child. Protective services isn't the answer.

On the issue of the makeup of the therapeutic team, when you got into the consideration of whether to include a parent, I would just point out they will be making the therapeutic decisions, not the legal decisions as to removal. That remains in the court, where I believe it should remain.

That raises the question of how we might get more community input into the legal proceedings. There are various suggestions that have been made for that, but I think that is where the concern should focus.

---

[4] In re J.S.R., D.C. Super. Ct. No. J-0084-69, 102 Wash. Daily L. Rep. 1393, 1396 (June 18, 1974).

Finally, just a word about the battered child syndrome. It has come up indirectly, if not explicitly, this morning.

The phrase was coined by a radiologist to describe the pattern of injuries that have been found in some children. From that, some early psychological research was done, and a profile was developed in which they suggested that a parent who had these specific psychological characteristics had the battered child syndrome. Sort of like measles, you either have it or you don't, and we will go around with our test and identify those parents.

Well, subsequent research has demonstrated conclusively that this is absolutely ridiculous.

I refer you to the book of David Gill, "Violence Against Children," in which he documents that while it is true that in some cases it is a psychological pattern inherent in the parent, it is not true in all cases.

Often there is a social cause that has recently occurred, someone has lost a job, they live in an apartment that is too small.

And yet we hear examples—recently I was told of one judge who was asked to declare two siblings as abused children, and he looked at the facts of the case and he said, "Now, I have read the profile of the battered child syndrome, and I know they only abuse one child at a time," and he therefore refused to declare those children abused.

On the issue of identifying them, I would add that in addition to the reports that come in after the fact, because of the influence of the social environment, better social services will help the child abuse problem.

I think we might also consider establishing a Parents Anonymous group in Washington. You know, there is some voluntary instincts, some voluntary reporting that does go on in other districts, if it doesn't mean turning yourself over to the court.

Parents Anonymous groups, which are exactly parallel to the Alcoholics Anonymous, have worked with some success in other parts of the country. If you feel an urge to batter your child, a telephone call may help to prevent it, even though you wouldn't call the police.

Finally, the center in this bill, as we understand it, would encourage and allow for parents to voluntarily walk in and receive services. That is something that doesn't exist now, and that is one of the reasons a center or the equivalent of a center needs to be established in the community.

Professor Mylniec.

Professor MYLNIEC. My name is Wallace Mylniec, and I am co-director of the Georgetown Juvenile Justice Clinic, and past chairman of the D. C. Bar Committee on Juvenile Practice.

I would like to address myself briefly to three legal aspects of the bill.

GUARDIAN AD LITEM

We are opposed to provisions providing the guardian ad litem, at least with respect to the District of Columbia context.

We believe that in terms of the District of Columbia practice right now, this would be a step backward.

Rule 20 of the Superior Court Rules on Neglect provides that an attorney should be appointed for the child, rather than a guardian ad litem.

Our experience in representing over 250 people by now, 250 juveniles, that is, is that an attorney would be far better suited to representing the interest of a child than a guardian ad litem.

Section 301(a) of the current bill would give to the guardian ad litem the right to investigate, interview witnesses, cross-examine witnesses, examine witnesses, make recommendations, and otherwise participate in all judicial proceedings.

Unless a person is trained in these skills, as a lawyer is, representation of the child's interest would be substandard.

Further, as the Board of Judges noted in their comment to Rule 20, the interest of the government of the District of Columbia is not always the same as that of the child.

The move to close Junior Village some years ago, various law suits brought on behalf of children to close the Meriwether Home, to close the D.C. Receiving Home, and the current pending suit to compel the Department of Human Resources to provide a comprehensive plan, which they hadn't done for the past few years, are indications that lawyers and strong and independent attorneys can represent children's interest better than the nonlegally trained guardian ad litem.

Sibling Statute

Two provisions of the bill, however, are very good.

One is what we refer to as the "Sibling Neglect Statute" and also the provision providing that a child could be declared neglected for the actions of a person.

These are not academic problems. We have had to deal with the complexities of determining that a parent has been neglectful because of the abuse of a baby sitter when the baby sitter was an ill-chosen baby sitter.

The present statute refers to only abuse by the parent, and we had to prove in a two-step process the parent was neglectful in picking the baby sitter who was then abusing the child.

We have also had to sit back, in terms of the sibling neglect statute, and wait for the brother of one of our abused children to have his skull fractured before the court could intervene and take him away from his parents.

Need for Legislation

I have to say that in the past two and a half years that I have been representing children in the District of Columbia, I have regrettably come to the conclusion that children are not a priority item in the District of Columbia.

Courts are reluctant to administer the shortcomings within DHR. There is a lack of coordination between public and private agencies, and within the public agencies themselves.

We often run into three or four social workers dealing with one family situation who are not altogether clear as to what the other workers are doing.

There are inadequate facilities for children, many of which may result in suits in the coming future.

There are inadequate services for parents, and there are inadequate laws to deal with the problems today.

We welcome any questions.

Mr. MAZZOLI. Thank you very, very much. We appreciate your testimony.

I was just wondering, Professor Areen, have you finished or is that book being published now, the one that compiles the 50 state laws?

Professor AREEN. It will be published sometime this fall, but in the meanwhile I would be happy to make copies available to the committee, if that would be useful, or work with the staff in the area.

Mr. MAZZOLI. Speaking for myself, I think it would be very, very helpful to the committee to have this compiled series of laws.

Professor AREEN. I might point out, since you raised it—it may be of some interest—the origin of the laws in this area, which is why I got started looking at the question—I was curious, how in a culture that is committed to parents raising their children did we develop this legal proceeding in which we take some children from some parents, and it turns out they all derived sometimes word-for-word, even today in some states, from the Elizabethan Poor Laws of 1601, and they were established originally as a welfare program. Only poor children were taken, and they were taken so that money did not have to be given to their parents, so that instead they could be put to work, indentured as servants.

It is striking that many states still allow that wording to exist in their statutes.

I might add my research convinced me that D.C. already has one of the more enlightened statutes, and with these changes I think will be well in the forefront in this area.

Mr. MAZZOLI. Well, fine. It seems to me, because of the lateness of the hour, and the shortness of the year and all, if we provide for the newly elected City Council a body of evidence, plus some recommendations, then I think that would be helpful and we would fulfill our function.

Mr. BRIAN FRASER. Mr. Chairman, I publish a book that contains every state statute in the country. We revise it twice a year, as revisions become available. Congressman Fraser has a copy. I would be glad to send a copy along to the other members of the committee.

Mr. MAZZOLI. That would be very helpful.

Professor AREEN. May I just add, I believe those are only the reporting provisions, am I correct?

Mr. BRIAN FRASER. Reporting, guardian ad litem, and child abuse.

Professor AREEN. They do not include the definitions, so I would be happy to provide that.

Mr. MAZZOLI. I will try to read them both.

Mr. STARK. Mr. Chairman, I would like to add that Mr. Fraser, in addition to compiling the laws, has probably been in most of the states performing his very excellent work with the National Center, and also on his own time traveling around the country in the furtherance of this cause. Mr. Fraser, if you would comment in some written form as to how you feel the proposed bills relate to what goes on in other states, both as to the weaknesses and strengths, and as your suggestions, why it would be appreciated.

Mr. BRIAN FRASER. My pleasure.

Parental Termination

Mr. Mazzoli. I would like to ask, Mr. Fraser, if you would have a curbstone judgement on how many children would have to be disunited form their parents, and in fact have their parental rights terminated in these cases? How much can we do by way of rehabilitation in this whole area of child abuse?

Mr. Brian Fraser. Well, one of the members on our staff is Dr. Steele, who is a psychiatrist and has done a lot of research in this area—he uses the figure of about 10 percent in the serious abuse cases where the parents and the child relationship should be terminated.

I don't think there is any specific study where you could say exactly 10 percent. The 10 percent is about the figure that we use.

With good therapeutic treatment, we find between 85 and 90 percent of the homes can be stabilized and safely return the child.

Mr. Mazzoli. Prof. Areen, did your study get to this point at all?

Prof. Areen. Well, Denver really is the model. There are very few places that are yet providing family services, so I think 90 percent is an ideal target. I am not sure we can make it, but we can certainly be closer than we are now.

Reporting Requirements

Mr. Mazzoli. Do you have any judgment as to the criminal sanctions that attend the reporting requirements?

Prof. Areen. Well, I would just add again, I hope we focus more broadly than on the reporting provisions. I would agree with Nan Huhn that if you look at the wording, it does say that "reasonable" is used in the statute, and "willingly fail to report."

Now, obviously, what would be a reasonable judgment for a teacher is different that it would be for a physician. So, I think there are built-in safeguards, as it is drafted.

There is a true need to improve reporting, and we have got to do something to encourage the doctors and teachers to speak up.

Mr. Mazzoli. Mr. Fraser, have you any comments on that point? Because I personally am troubled by the criminal sanctions, and I try not to focus just simply on the reporting, because there is a great universe of additional problems here, treatment, and team approaches, and what have you. But I guess because I do have some misgivings about this being made a criminal penalty, where there might be some other way to give urgency to the need to report. I wondered if you had some thoughts.

Mr. Brian Fraser. Well, as I said before, I am still 50–50 on it. The comments that I get from traveling around the country are, doctors just don't report, hospitals don't report. We have tried to educate them in some communities, we tried to point out the severity of these cases, but they still don't report. It is almost a last hope to put down a criminal and a civil penalty and hope that that will catch their attention, if nothing else.

But again, there has never been a criminal prosecution, as far as I can tell, anywhere in the country for a failure to report. There have been four civil suits, but no criminal suits.

Mr. Mazzoli. No criminal?

Mr. BRIAN FRASER. No.

Mr. MAZZOLI. Is it your feeling that if the reporting requirements were set up correctly, and there was a clearinghouse, a central repository of this information fed from hospitals and police departments and private doctors, and so forth, that there would be a good opportunity that this could spare and save some youngsters?

Mr. BRIAN FRASER. Yes, I am a strong believer in the central registry. I think it can serve three functions. One is statistics; two, it can be used as a diagnosite tool for the various physicians—you are in somewhat of an awkward position if you are a pediatrician and John Jones comes in and he has gotten a broken arm, and the circumstances seem a little fishy to you, but it is not really enough to put your finger on child abuse. If you can call a central registry and say, listen, I have John Jones here, do you have any other reports of suspicious injuries, and there are previous reports, it helps to firm up the diagnosis.

We also have a tremendous problem with parents, transient parents moving from county jurisdiction and state jurisdiction. Presently, we have no way of tracking a family that has been in New York, Kansas, Oklahoma, then into Colorado.

Yes; I do believe that when the central registry begins to function properly, it will be a very valuable tool.

Mr. MAZZOLI. Do you envision a national central registry?

Mr. BRIAN FRASER. I don't expect that we would ever have a national Federal registry. What I suggest in model legislation that I have drawn up is a provision to be added and I think Mr. Fraser's bill includes it just a provision that asks for cooperation with other states' central registries.

Mr. MAZZOLI. Like compacts and all that.

There was some question in Congressman Fraser's earlier comments today with regard to the initial reports to be made either to the police department or to the central office, and I wonder, Professor, if you have any thoughts on that, if there is any concern?

Prof. MYLNIEC. We have found that the police in the District of Columbia have done a commendable job in the past. I don't see any reason why they should not be referred to the police, although I think I am not opposing the report to the registry at the same time, or to the center, I mean.

Mr. MAZZOLI. I see. I was just—there is a recorded vote on, so I wonder if we could declare just about a ten-minute recess.

Congressman Stark has gone to vote. I thought it was just a quorum and I didn't think there would be any problem, but I had better go and find out what is happening.

So, if we could then have a 10-minute recess, which would take us to—well, make it 15, make it 12:30. Be back at 12:30 to resume with the panel.

[Recess.]

Mr. MAZZOLI. The committee will come to order. I apologize for the interruption; but that, of course, is par for the course around here.

HOT LINES

Mr. Fraser, I wonder if you might speak for a moment, since you did travel the country and check with colleagues in this activity of child abuse. Are you familiar with these 24-hour hot lines, and specifically, what would be the number of states or counties, or localities

that have them? And more than that, is there a consistent pattern of where the information goes which is collected in these 24-hour not lines?

Mr. FRASER. To the best of my knowledge, there are three statewide hotline systems. The first was initiated in Florida, the second in New York, and the third in Idaho.

They basically follow the same pattern. There is a WATS telephone number that terminates usually in the state capital. It is available 24-hours a day.

In New York—I believe this is correct—the hotline terminates in the central registry.

What the states have done is to divide the State up into counties, and in each county they have isolated one or two social workers who are on call 24 hours a day.

So, if we take Florida, at two o'clock in the morning, and the next door neighbor hears screams coming out of the Jones' house—they have witnessed behavior against the child before—she will get on the telephone and she can call to Jacksonville and give the operator at the hotline the information that she has.

The operator at Jacksonville makes a determination of whether or not the child is in imminent danger, and if she feels that he is, she calls back to whatever county it happens to be to one of these two social workers who are on call 24 hours a day. Most of them are equipped with the pocket bleepers, and the call goes in, go out to the Jones house, 2455 Berino Avenue and make an immediate investigation.

And hypothetically, it should be done as quickly as five or six minutes after the first telephone call goes in.

New York is basically the same. Unfortunately, New York City seems to be a separate State from the rest of New York, and they are not having very good results in New York City itself.

Mr. MAZZOLI. They are not, you say?

Mr. BRIAN FRASER. They are not having good results, and I think that is just, I suppose, because there are nine and a half million people in the city.

The rest of the state seems to work well. Idaho works well, also.

A real problem is that when you advertise that one telephone number, and you advertise that child abuse does exist and what to do once you recognize it, it just skyrockets the number of reported cases.

In the first month in New York that this hotline was in existence—that was September of 1973—they had more confirmed reports of abuse than they had the whole preceding year.

In Idaho, they are running about 450 percent ahead of last year when they didn't have the hotline.

Mr. MAZZOLI. I think you said in your testimony it went from 250 up to 28,000 in the State of Florida?

Mr. BRIAN FRASER. Right, 250 to 28,000 in Florida.

Mr. MAZZOLI. All because of the availability of a publicized number and education program.

Mr. BRIAN FRASER. A publicized number and it basically carries the connotation of being non-punitive in nature. Some neighbors or people we find are very hesitant about reporting somebody to the police, but when it is a rather neutral telephone number, we find that they are much more willing to turn in reports.

Now, there are a number of hotlines, citywide hotlines or county hotlines around the country, but there are only three state ones at this time.

Mr. MAZZOLI. I appreciate the panel's help.

I wondered, perhaps, Prof. Areen or your colleague, you represent 200 cases or 250 cases that you have handled, or you, Professor, have handled?

CASES

Professor MYLNIEC. In the past year, our students including up until today, have represented approximately 250 children in neglect cases, delinquency cases, and school board administrative hearing cases. I, myself, have represented several more than that prior to taking this position.

Mr. MAZZOLI. The abuse cases of that would be how many?

Professor MYLNIEC. I belive the last time we checked, abuse runs generally throughout the city at about one-fifth of the cases. I think our records would probably reflect the same ratio.

Mr. MAZZOLI. Do you find any kind of a pattern in the area of those cases which you handled which would cause us to have some additional law or make some changes in these bills with respect to representation of these children and with respect to the fact that when they go back into the houses, they sometimes encounter the same type of difficulties with their parents that caused them to be in court in the first place? Are there any protections that should be written in?

Professor MYLNIEC. Perhaps one thing would be payment for counsel for the children in these cases, perhaps even payment for the counsel for the parents.

The District of Columbia right now does not provide money for attorneys in these cases. Money is restricted to attorneys appearing in criminal cases.

Right now there is a battery of volunteer lawyers who appear for the children, and also in the past year a battery of third-year law students who are permitted to practice under the District of Columbia Court of Appeals Rule permitting third-year students to practice.

These people are extremely dedicated to their work, and usually do follow-up. Once a child is back in the home, we maintain our contacts with them. However, there are not enough of us. We all find that there are more cases than we can deal with.

I suspect that if there was payment commensurate perhaps with the same fee schedule that is applied in the criminal cases, representation would improve.

Also, with respect to the parents' attorneys, we have found that in many cases the parents' attorneys are extremely important to determine exactly what has been going on in this family, and in terms of what is going on in trying to prove the case in court.

It is unfortunate that unless people are getting paid for what they are doing, they don't always do the best job that they can possibly do. And as I said, in many cases, the parents' attorney may be the most instrumental person in getting the parents to avail themselves of what resources may be available in the community. Unfortunately, this does not always happen. In some cases, it does but not always.

So, I would suggest certainly that we follow the District of Columbia practice of appointing attorneys, rather than guardians ad litem, and perhaps also consider the possibility of payment.

Mr. MAZZOLI. Very fine, Counsel?

Mr. HOGAN. Mr. Chairman, thank you.

COURT ACTIONS

I think probably the limitation on representing individuals before the family court has been substantially changed in the Criminal Justice Act which is now pending in conference between the House and the Senate.

I suggest you take a look at that. It certainly wouldn't apply to third-year students.

Professor AREEN. We didn't intend for it to.

Mr. HOGAN. But I think the language is broad enough now so that could accomplish representation in the family court through poceedings such as that.

I had a question, I guess of Mr. Fraser. Do you have a definition of "molestation" that you want to provide the committee? Because, you know, I think the problem with a term like that is that it is broader, and it does protect the child more, but at the same time it opens the door to some instances where children who sometimes have vivid imaginations might make charges against innocent individuals, and if you have a term like that, it sometimes works against the ends of justice, rather than for them.

Mr. BRIAN FRASER. I am afraid to admit I do not have a specific definition of "sexual molestation."

Mr. HOGAN. Is there any state that has them?

Mr. BRIAN FRASER. No. As a matter of fact, I can think of very few states that actually even define sexual abuse. Is that correct?

Professor AREEN. That is correct. I would just add one thing. We are not recommending it for a criminal proceeding. It might in the future, in fact, be considered to eliminate entirely criminal prosecution in an ambiguous area. We are talking about standards for allowing a child to be given protection by the court. Then the concerns of protecting the rights of a parent is balanced a bit, which may help getting into the more ambiguous areas.

I am a little concerned, too, though. I think abuse is sufficient, although even that is a vague term.

EXAMINATIONS

Mr. HOGAN. Now, Mr. Fraser, you have heard the discussion probably about the possibility of requiring the District to have a doctor assigned to examine individuals so as to perhaps limit the demands on the private practitioners, and the private hospitals, and this kind of thing.

Do you see any problem in that kind of arrangement, and don't you think that if that were the case that you would have better reporting and probably wouldn't need the criminal sanctions in a law?

Mr. BRIAN FRASER. I agree with the first part of your question. I think it is a good idea and it is a concept that we have advocated for some time now.

Still, I don't know whether it would justify doing away with the criminal provisions. Again, you are only going to examine children that have been reported. The only justification I can see for including a criminal provision is to spur some of those physicians on initially who will make the report. And after the report is made, you have a number of other problems, including the physical examination and getting the physician to appear in court.

Mr. HOGAN. But if I understand the testimony earlier, that one reason doctors weren't reporting, or the principal reason given, is that they were fearful of the time they would have to spend in court, and other problems that were associated with this.

Now, if the district had to provide for a physical examination of the individual within 24 hours, which would presumably preserve most of the marks, abrasions, and x-rays and all that kind of thing, the courts themselves could exercise considerable discretion in subpoenaing the private physician, and in most cases I would suspect that the judges, if they had the testimony of a physician, and he had made a physical examination shortly after it had happened, the number of instances in which the subpoena for a private physician would go out would be very limited.

Mr. BRIAN FRASER. Well, that is correct, but again we are particularly worried about the physician who sees the abused child and just absolutely flatly refuses to turn in any report at all. Now, until they turn in the initial report, you cannot get another physician to examine the child, because they are not aware of the child abuse case. Maybe I am not making this particularly clear, but——

Mr. HOGAN. No, you are making it clear. I am just suggesting, you know, if you make the procedures less onerous so that the doctors will comply voluntarily, that you get the same result as you would, perhaps, if you put a criminal sanction in here. And it is troublesome to me to have criminal penalties on the laws of the District of Columbia, or for that matter the federal code, and not have them enforced, and know fully and have the testimony in the committee, which we will have here, from you that there has never been a case brought, to your knowledge.

Mr. BRIAN FRASER. Well, let me equivocate a little bit and say that if you do allocate one physician to make the investigation, do the physical work-up, and appear in court, I think that it probably will spur some reporting on, and again I really don't want to take any definitive—and I know it is an equivocation, walking the fence, but again I am still 50-50 on whether or not we should have a criminal penalty for failure to report.

Mr. HOGAN. Well, going now to the question of whether this committee would act on this measure, I gather probably they wouldn't. If they were to act at all, it seems to me that one of the principal questions that they would have to address is whether they would establish an independent agency, and I suppose they wouldn't want to—and I gather from some of the testimony here there is probably a substantial need for an independent agency to perform this function, because even on the reported cases now that you have in the District, which is some five or six hundred a year, you are not getting the kinds of services that perhaps you should have.

Now, if you expand on the reporting and you don't make some provision for improving on the services that are rendered to the individuals

who are brought in, you know, it seems to me that the committee here wouldn't be doing its proper function.

On the other hand, I suppose they will be reluctant to establish a separate agency, and I imagine the District, on the other hand, would oppose the committee moving on this bill if it were to result in the establishment of a separate agency.

I guess my question is, do you think there should be a separate agency?

Mr. BRIAN FRASER. Are you asking me?

Mr. HOGAN. Well, all of you.

Mr. BRIAN FRASER. Well, I am not really too familiar with the politics that are going on in Washington, D. C., but we very strongly do believe that there should be an independent agency which handles all of these cases. We want to get away from unilateral decision-making, be it on the part of the police or on the Department of Social Services, and we think that the only way that we can accomplish this is to move it out of a bureaucratic system and put it into a new agency.

Mr. HOGAN. Professor Areen, you worked in this area.

Professor AREEN. Well, I am also unsure at the political level of where to locate the agency. What is clear to me is that those services do not now exist in the Department of Human Resources. Now, it is possible that within that agency they can set up a division to provide them.

As I have said before, I do not believe protective services is the answer, since their focus is on the child, and not the family.

The big need is, we are not providing services, particularly psychotherapy, for the families.

Perhaps the answer is to mandate the services and negotiate further with the agencies at the proper placement in the governmental structure of the District of Columbia.

Mr. HOGAN. Well, if the services are mandated, this committee wouldn't—they are just saying, you know, that the services are there, and the answer could be, well, they are in the Department of Human Resources. It wouldn't separate out a particular agency.

Normally, when you want to concentrate services, when the Congress feels that a function is being performed inadequately, either in one particular department or there is inadequate coordination between a number of departments on the executive side, they form a special agency to address a special problem.

And I think one of the problems here is, will this committee—will the District oppose segregating out a special agency, and I gather, if I gather your testimony, you feel that there is a need for perhaps this kind of treatment of this problem, there should be a special agency, perhaps, to do this?

Professor AREEN. Yes, perhaps the answer is to establish it on a demonstration basis.

Mr. HOGAN. Thank you, Mr. Chairman.

Mr. MAZZOLI. Because of the bells, I have to go again, and we will take another 5-minute recess. Congressman Stark is coming back.

Actually, this is all I would have for this panel, so you are free to go, and we will have the final panel come in after the 5-minute recess.

[Recess.]

Mr. STARK [presiding]. If we could call this hearing to order, I would start by apologizing to the next panel for the pace at which we are running, but the House is in session, and the Chairman has asked me to convene.

The final panel, the community panel, is Ms. Anne Riley, of the Metropolitan Washington Chapter of the National Association of Social Workers, Ms. Janet Hutchinson, President, Council on Adoptable Children, and Ms. Martha Galdi, who is a representative of the Community Task Force on Child Welfare Reform.

If they are here, we would like to welcome them to the witness table in whatever way they are comfortable.

Again, I will apologize, when the Chairman returns I shall have to depart, and so I will have to thank you in advance for waiting patiently and foregoing your lunch and being with us here today.

If you have written statement, you may feel free to read them or you may present them to us and we will make them part of the record and you may supplement them with comments, or proceed in any other fashion that suits you.

I understand Ms. Hutchinson has had to leave. Her testimony will be included in the record.

STATEMENT OF MS. E. ANNE RILEY, PRESIDENT, METROPOLITAN WASHINGTON CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS; MS. MARTHA GALDI, REPRESENTATIVE, COMMUNITY TASK FORCE ON CHILD WELFARE REFORM; AND MS. MARY ANN STEIN, ATTORNEY, FOR LOVE OF CHILDREN, INC.

Ms. RILEY. Mr. Chairman, I am Anne Riley, and I am President of the Metropolitan Washington Chapter of the National Association of Social Workers. I am also a Master of Social Work.

Mr. Chairman, on behalf of our chapter, which represents nearly 2,000 social workers from this area, I would like to express our appreciation to this subcommitte for inviting us to participate in this crucial matter.

In addition, we would like to thank Mr. Stark, who in conjunction with Mr. Stuckey and Mr. Fraser, made this hearing possible.

In order to clarify my professional involvement in this subject, I would like to indicate to the subcommittee that, as far as I know, I am the only professional involved to any great extent in giving psychotherapy to battering parents in the District of Columbia.

I am a psychiatric social worker employed at the Forensic Psychiatry Office of the Mental Health Administration of the D. C. Department of Human Resources.

I have treated 20 battering parents in an out-patient therapy group for one and a half years, and this group continues to date.

In addition, I have treated several such patients in individual treatment sessions.

I also co-led a seven-week Family Life Education group for some of these same parents.

Prior to this position, I was a D.C. policewoman for 6 years, during which time my specialty was the investigation of hundreds of battered child complaints.

As professional social workers, we feel that we can support many aspects of this bill, which covers several areas of need which are long overdue in the District of Columbia.

Children have died in this city as a result of physical abuse. They might have been saved if some of the provisions of this bill were in effect.

Indeed, a child may be dying at this very minute as we sit here talking, for it is estimated that battering is the major killer of children under five years of age.

Many more, as you know, suffer permanent mental retardation as well as emotional and physical crippling due to the treatment they receive at the hands of their disturbed caretakers.

We believe, as social workers, that some of this can be prevented and some changes will take place if these families can receive mental health treatment.

My clinic, for instance, can only take patients who have come through the court system. We are legislated that way. We can only receive referrals through the court system.

There is very little, if anything, available for the voluntary self-referral which you will provide for in this bill.

Now, several statements have made reference to self referral today, and I think it is important that we point out that there really is very little. We have the people in suicide prevention who get numerous phone calls from people on this very subject, who are afraid of losing control and have impulses to kill their children. These people have no real place to take their problems on a voluntary basis.

[Mr. Mazzoli presiding.]

There are approximately 100 battering cases a year which come to the attention of the major pediatric hospital in the District of Columbia alone.

There are approximately 1,000 neglect cases yearly which are known to the Department of Human Resources. They may never come to the attention of the court.

Both kinds of abuse are serious, but battering is more frequently critical. Both families need help badly, but the battering parent is in need of psychotherapy, which will help him and in turn help his child, and may prevent his victim, the child, from also becoming a battering parent.

We all know about the problem where this goes on in cycles, and can go on for several generations.

It is my estimate that one multidisciplinary team could only successfuly treat approximately 20 to 30 battering families over a period of a year. Therefore, before the end of the first year, there would have to be a minimum of three teams to handle those cases from only one hospital, and we are talking now only about battering cases, not neglect cases.

The need would increase in the second year with voluntary admissions, with the necessary publicity that would have to be done to make it known to the parents who would be potential users of the team services that this did exist, and to encourage them to voluntarily bring

themselves forward. Also, there would be holdovers from the previous year, because this is not a quicky kind of treatment. It is something that may go on for a year and a half or two years.

With this amount of necessary professional staff, which will be very costly, not even one classical neglecting parent could be treated, much less hundreds.

AMENDMENTS PROPOSED

Therefore, I would recommend that the scope of this center be limited to child battering cases only, unless unlimited funds can be found, which is highly unlikely. Admittedly, it is difficult to leave out another very needy group, such as neglecting parents. But hard decisions are necessary without an adequate budget.

This brings up the question of ensuring funding for this center if this bill is passed. Also, protective services does now and can serve these neglecting parents. It is not necessary to bring them under this particular center.

Turning our attention to some of the specifics of this bill, we would recommend some changes in the make-up of the team which we feel are crucial.

The pediatrician and attorney need only be involved on a part-time consultant basis. Now, in my own agency, Forensic Psychiatry, we do have a part-time attorney who is on call, but mainly only comes to staff meetings once a week, and this proves quite sufficient. There is not enough need to really be able to justify a full-time attorney on such a team. A pediatrician would mainly serve as a consultant, because I don't think you need to duplicate the services that are available in the hospitals and the various medical facilities in the city. Possibly a registered nurse might be considered as an additional team member.

On page 4, line 16(B), it should be changed to read "two psychiatrists (one adult and one child psychiatrist)."

As you know, there is almost nothing existent in the District for mental health treatment for children, and we would need to have the child examined in many cases, too, because in most cases they are quite severely emotionally disturbed. So that there would need to be two psychiatrists on the team.

Also, there must be a clinical psychologist involved. That psychologist would be testing as well as treatment.

Furthermore, a coordinator, a liaison person, should be added to this team, and I consider this most important. This person should only be responsible for assisting in the attempt to coordinate the activities of the numerous public and private agencies involved with each of these families assigned to the team, and again we have in our agency such a coordinator who does this kind of job and can pull together the necessary aspects of the varied functions that are performed by all of the various agencies in the city.

We are very concerned about the term "investigate," and on page 5, line 1, this is referred to. We feel that term should be deleted, as treatment would be doubly difficult if the center carries conflicting roles. I think this is very important.

Investigation and Treatment

Investigation and treatment are incompatible when carried out by the same agency, and I might suggest that investigation from a social point of view, such as a social history which gets into the background of the parents and what is going on, is a normal process of any kind of treatment program. But investigation where you are trying to find out who struck John, and when, is not necessary to be part of a treatment.

Treatment can be done without persons even actually admitting to having done battering.

So, therefore, treatment must be based on mutual trust, characterized by an atmosphere of openness. Otherwise, it will be thwarted if investigation remains the responsibility of the center.

Line 1 on page 5 is also in conflict with page 10, lines 15 through 19. And on page 10 it directs the center to notify the specially trained and designated unit of the police department to be responsible for this investigation.

So, the bill seems to be in conflict from page 5 to page 10.

In accordance with accepted professional roles, in lines 7 through 10 on page 5, it should read:

> . . . psychiatrist, psychologist, and social worker team members to ensure that an abused child and the members of his family are provided mental health counselling or treatment necessary for the protection of the child . . .

In other words, we would add "social worker" there.

Central Registry

We have further concern about page 7, lines 1 through 15. We are talking here about the concern of a battering parent in allowing such information to be shared with other jurisdictions. As in our experience, some of the most mobile families, which have been referred to earlier here today, such as the military families, have had death after death in State after State, because in part the new communities were not aware of their past histories, and this is not information likely to be volunteered.

True, the misuse of this information must be guarded against. Nevertheless, we are in favor of a confidential central registry, which has long been needed.

On page 11, line 13, we would replace the word "investigation" with "evaluation."

Also, here we must ask what role does the Protective Services Division of the Social Rehabilitation Administration take in all of this. It would seem that they should not be written out of their role in this matter. Neither should there be a duplication of services.

All agencies involved in child abuse have to be coordinated with the center.

In D.C. there is now a patchwork of agencies responsible for prevention and correction of child abuse.

FOSTER CARE

In addition to Protective Services, also involved are Foster Care—and there is usually foster care for the child and a foster care worker for the parent—Special Services, there is the Criminal Adult Probation worker, which often the parents in these cases—in my therapy group, the parents have two probation workers, one from Criminal Adult Court and another from Intrafamily Court. Also, you have the private and public hospitals and clinics, the Youth Division of the police department, as well as Forensic Psychiatry involved.

The Child Abuse Center can hopefully coordinate all the efforts of these agencies on a voluntary basis.

However, for the center to take over the services offered by these agencies is a mistake. The center should fill the gap where resources do not now exist, or are insufficient, as they are, such as in the area of intensive treatment and the coordination of existing agencies.

The center should also recommend the development of additional needed resources, and these will become clear as we start to work with them.

We are already very concerned about the attempts of the Department of Human Resources to dilute and weaken their own Protective Services Division, which will be a disaster to the children of this city.

In fact, we hope this bill will mandate the continuing existence of a separate and identifiable protective services division.

The center should also have the responsibility to set standards and monitor the provision of services in meeting those standards.

PROTECTIVE SERVICES

Now, I would like to say, in referring to the Protective Services problem, that I think it has been referred to several times here today. What we are finding is that as the department decentralizes and is going into their generalized social work that protective services cases are being dumped into caseloads of 200. There is no way these children can be protected when they are in caseloads of two to three to who knows how many hundred people.

So that we find that although their intent may be to protect these children that there is no possible way to bring this about.

On page 12, Section 206, we wish to note that a social worker can also be considered part of "medical personnel" under many sets of circumstances, just as a psychologist can, and they are admitted there.

In line 22, consideration should be given to omitting the word "center" when it refers to day care centers in order that babysitters are not excluded, either licensed or non-licensed.

We are concerned about Section 302 on page 17, because of the time constraints. Even taking Home Rule into consideration, this could, in effect, encourage authorities to delay getting the project off the ground in awaiting anticipated Council action.

We have heard Mr. Yeldell say today that they have a plan. We have been waiting three years for this plan, and if we have to continue to wait for three more years for the plan to go into effect, children will die meanwhile.

There are some items in HR15918 that should be included in this bill. From page 17, line 16, through line 18 of page 18—Section 301 (b)(2)—in reference to the examination of the parent, for instance.

We would like to point out one important omission from the bill, and that is the explicit provision for a therapeutic crisis nursery with the necessary day care specialists. In my therapy group, occasionally people bring their infants and their young children into the group, and this is very difficult to function, so that some sort of facility needs to be available. Also, it could be helpful to the children in the treatment kind of function.

Finally, unless this project is planned for failure, only a manageable chunk of the whole child abuse spectrum should be tackled.

Cases reported to the center as alleged battering cases which are later determined to be cases involving neglect but not actually abuse should be returned to the Protective Services unit, and not handled in the center.

Let us now begin, through this bill's passage, to take an active interest in the children of this city, so they will not be amoung the two children a day who die in this country as a result of physical abuse by their parents.

We thank you for helping us save the lives of these children and babies whom we all know are helpless without an advocate.

Mr. MAZZOLI. Thank you, Ms. Riley.

Ms. Galdi, is that right?

Ms. GALDI. That is right.

My name is Martha Galdi. I live at 3851 Porter Street, Northwest, in Washington, D. C.

I represent the Community Task Force on Child Welfare Reform, a community coalition which includes members of FLOC.—For Love of Children, Incorporated—the National Association of Social Workers, the Council on Adoptable Children, the Georgetown Law Training Program, and other interested citizens.

I am accompanied here today by Ms. Mary Ann Stein, who is the attorney in the FLOC Child Advocacy Office.

We are here to discuss H.R. 15779 and H.R. 15918.

We share your concern and are heartened by your desire to improve the treatment of both abused and neglected children. We are not convinced, however, that either bill before us today adequately addresses the problems of the District of Columbia child care system.

CENTER FOR PREVENTION AND TREATMENT

We agree with the drafters of H.R. 15779 and H.R. 15918 that the development of a center for the prevention and treatment of child abuse and neglect is a good idea, but we believe the function of the center and its relationship to existing agencies must be more carefully thought out and more specifically addressed.

We envision the ideal center as one which not only provides new rehabilitative services and techniques to families, but also coordinates and expands existing resources such as social work intake, medical screening, and an array of other crisis services to children and families. We would hope the primary goal of the center would be to keep as many children as possible in their own homes. We would, therefore, expect to see an emphasis on preventive services. We believe all of these services should be spelled out in the legislation creating such a center.

The key to effective preventive services is an adequate protective services section.

The District of Columbia has been unusually fortunate in the existence of a protective service function within the Department of Human Resources, a function which deals with as many, if not more, children who are potential victims of abuse and neglect as children who have already been victimized.

Protective services is also a function that seems to be disappearing in the reorganization of DHR. In our judgment, it does not make sense to talk about new clinical services or the expansion of existing services without providing in some way for the continuation and strengthening of protective services.

We might note we were somewhat startled to hear Mr. Yeldell's statement this morning. It is the first time I have seen him on public record stating that Protective Services will be strengthened. It is our understand that, in fact—in fact—Protective Services case workers in decentralized centers are not functioning as specialists in some centers; not all. We are pleased to hear this.

Currently, a variety of resources are provided by or through the Department of Human Resources.

There currently exists within DHR a wide range of crisis services essential to dealing with the problems of abuse and neglect. Protective Services has associated with it a 24-hour intake screening service operated by trained caseworkers; emergency cash aid; family shelters; emergency foster homes, and homemaker service. Other jurisdictions have increased their effectiveness by adding an emergency caretaker component, emergency diagnostic screening, and crisis daycare.

Any service to abused and neglected children must have available a wide range of supplementary services and these, too, are present in the District, though they are currently either difficult to obtain on an emergency basis or are insufficient in supply. Psychiatric counselling, group therapy, family planning, employment counselling, housing referral, the list is a long one.

While we do not mean to say these are totally adequate in quantity, quality, or comprehensiveness, we are not convinced H.R. 15779 or H.R. 15918 would actually improve the delivery of such services for the following reasons.

The bills before us set up a separate agency outside DHR which would have many of the functions and responsibilities presently delegated to DHR. How this separate agency would function in relation to DHR is unclear. Nowhere is there any provision removing these responsibilities from DHR.

While the bills call upon the director of the new agency to coordinate all public and private resources, his authority to do so is not explicit and without carefully setting out the relationship of the new agency with DHR and other existing agencies, there is bound to be confusion, duplication, and inefficient delivery of services.

DHR funding under the Social Security Act is contingent upon the provision of a complete range of services in child welfare as well as other areas.

Independent Agency Questioned

The establishment of an independent agency raises two major questions:

(1) Will not the mandate from Congress necessitate a duplication of services by the new agency and DHR?

(2) Will Congress fund such duplicative efforts? Would it not be more sensible to place the center within DHR which already has the potential at least to provide all the services the center would need?

(3) It is meaningless to attempt to improve the lot of neglected and abused children in this city without requiring functions for research, data collection, evaluation of goals and programs, formulation of standards and regulations, and without also requiring accountability for all these functions as well as for their adequate performance.

(4) To talk about neglect and abuse without recognizing the neglect and abuse perpetrated on children in public care by the system is hypocrisy. There needs to be more attention given to the needs of children committed to public care and more stringent standards of care and treatment must be legislated.

Amendments Proposed

In this respect, we note for instance Title III of H.R. 15779 provides for the appointment of a guardian ad litem for neglected children before the court.

It is our firm belief that such children must have a statutory right to an attorney and not just a guardian ad litem. Clearly, theirs are the most important rights and interests at stake, and these rights should be given the highest protection.

In sum, it appears H.R. 15779 and H.R. 15918 were conceived out of a belief that neglected children in the District of Columbia are not receiving adequate services from the District government. We share that belief, but we do not believe the bill will significantly improve the lot of neglected children.

If DHR is not meeting its responsibilities, there seems to be two choices available to the lawmakers to ensure better service.

One, child welfare services could be lifted totally out of DHR and put in a new agency; or two, DHR could be mandated to conform to certain practices and procedures which would improve child welfare services.

To do neither and attempt to create a rival duplicative agency is not an improvement.

When we learned of H.R. 10959, the predecessor of the present bill, we spoke to the staff working on the bill. We were encouraged to contact others in the community with interest and expertise in child neglect, to write up our news and to submit them to the staff persons. We did that.

For several months numerous persons representing diverse agencies and citizens groups with expertise in child neglect problems met and worked to create a comprehensive bill that would address the major problems in D.C. child welfare.

While we were working under time constraints and could not refine our draft as much as we would have liked, we did submit a copy of our draft to the Congressional staff.

H.R. 15779 or H.R. 15918 do not reflect the substance of our draft. Therefore, we would now offer in into the record, noting that it is a

draft and that it does not totally reflect what we feel should finally be legislated. We do believe it does better address the issues than the bills under consideration.

Mr. MAZZOLI. Without objection, that bill draft will be made a part of the record at this point.

[The document follows:]

A BILL To establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That it is the purpose of this act to provide for the protection of abused and neglected children in the District of Columbia by:

(1) establishing a Center for the Prevention of Child Abuse which shall:

(a) Treat victims of child abuse and their families utilizing the resources of physicians, social workers, psychiatrists and lawyers in a coordinated effort;

(b) Utilize by contract and other cooperative arrangements public and private resources whenever such resources are found necessary to the adequate prevention or treatment of child abuse;

(c) Recommend to the Commissioner, D.C. City Council, and the public, new or improved facilities, services, or other activities which would be of significant use in the prevention and treatment of child abuse.

(2) Requiring certain persons to report instances of child abuse and neglect in accordance with the provisions of this act.

(3) Amending existing statutory definitions of neglect to include children not now adequately protected.

(4) Establishing standards for when parental rights shall be terminated.

(5) Mandating a Protective Services Unit in the Department of Human Resources which will provide specially trained service workers on a 24 hour basis.

(6) Requiring the Commissioner of the District of Columbia to develop a comprehensive plan for the provision of social services to children in the District of Columbia who are, or are in danger of being, neglected, which plan provides for coordination of efforts to prevent and treat child abuse and neglect; preserves the existing family unit of the child whenever possible; prevents the lodging of abused and neglected children in institutions, public or private [for more than 24] hours without a demonstrable medical need; and requires that an individual treatment plan be prepared for each child in the custody of SRA. The plan shall be submitted to City Counsel for public hearings, revisions and promulgation. The Commissioner shall also develop standards and regulations by which services required by this act shall be delivered and to submit these standards and regulations to the City Council for their considerations, revisions and promulgation.

SEC. 2. (a) There is established within the Department of Human Resources (hereinafter DHR) of the District of Columbia a Center for the Prevention and Treatment of Child Abuse (hereinafter in this Act referred to as the "Center") which shall have as its head a full time Director who shall be appointed by the Commissioner of the District of Columbia. The Director is authorized and directed to:

1. Establish, develop and maintain either by contract or directly, a complete program of supportive programs for families who are referred to the Center by the courts or other agencies or who voluntarily request treatment or counselling, so as to prevent or minimize the causes and deleterious effects of child abuse, which programs shall include, but not be limited to, (a) individual and group therapy and counselling; (b) therapeutic crisis nurseries; (c) babysitting services; (d) homemaker services (e) emergency parent services; (f) emergency family shelters; (g) emergency foster homes; (h) 24-hour protective services and (i) emergency medical services.

2. Establish standards and procedures to hire sufficient qualified personnel, and to otherwise administer the Center in a manner consistent with the provisions of this section, and to request sufficient budgetary amounts to fulfill this objective.

3. Coordinate efforts and when *appropriate, to* contract with other agencies, groups or individuals for specific services or resources so as to have available those services and resources necessary to accomplish the purposes and directives of this act.

4. Establish training and informational programs for Center staff, for the staff of public and private agencies under contract with the Center, and for the community.

5. Recommend each year to the Commissioner and the D.C. City Council ways for improving the prevention and treatment of child abuse in the District of Columbia. These recommendations may include, but are not limited to:

(a) the provision of new services or facilities.

(b) the improvement of existing services, facilities and programs and recommended measures for accomplishing such improvement.

(c) the steps necessary to improve coordination of services including but not limited to changes in legislation, regulation, organization and administration of existing services, facilities of programs.

6. Continually monitor and evaluate all existing programs provided either directly or by contract to facilitate the recommendations for improvement referred to in sub-section 7, *supra*.

SEC. 2. (b) The Center shall be staffed by personnel who are trained to treat and prevent child abuse or neglect and who are familiar with the available resources in the District of Columbia which might assist in the protection of children and the prevention and elimination of the causes including but not be limited to: (1) psychiatrists including specialists in child psychiatry; (2) clinical psychologists; (3) psychiatric social workers; (4) pediatric consultants; (5) psychiatric nurses; (6) legal consulants; (7) day care specialists; (8) clerical support; and (9) any other trained persons deemed necessary to carry out the mandate of the Center.

A multidisciplinary approach shall be used by the Center in working with individual families, utilizing where appropriate the personnel of other public or private agencies in the District of Columbia metropolitan area.

SEC. 2. (c) The Center shall maintain an intake function for non-emergency cases and in conjunction with the separate Protective Services unit mandated in Sec. 6, *supra*., shall maintain a 24-hour intake unit for emergency cases.

SEC. 2. (d) Where children or their families have voluntarily presented themselves to the Center for care or treatment, only in those instances where it is determined that the family situation cannot provide the child with the safe development of his physical, mental, and emotional health shall the Center report the case to the police or recommend to the Corporation Counsel of the District of Columbia that a petition alleging abuse or neglect be filed. However all such cases shall be reported to the central registry established by Section 7 of this Act.

SEC. 2. (e) Once a petition alleging neglect by reason of abuse has been filed in the District of Columbia Superior Court, the in-court function of the Center shall be provided by the Social Services Division of the District of Columbia Superior Court who shall, after consultation with the Center, transmit for initial and dispositional hearings appropriate recommendations to the Court with respect to custody or conditions of release of the subject of the petition.

SEC. 2. (f) To facilitate prompt and effective care and treatment of abused children and their families, whenever the Metropolitan Police Department receives a report of alleged child abuse pursuant to D.C. Code § 2–161 et seq. as amended in Sec. 3 *infra* and whenever the Protective Services unit mandated in Sec. 6 *infra* discovers a situation in which the potential for abuse is high, they shall immediately report the case to the Center and transmit to it copies of all official reports and any other pertinent information in addition to taking whatever action they deem appropriate.

2(g) Cases reported to the Center as alleged abuse cases which are later determined to be cases involving neglect but not abuse shall be referred to the Protective Service Unit mandated in Sec. 6 *infra*.

SEC. 3. The Act of November 6, 1966 (relating to the reporting of certain physical abuses of children) (D.C. Code § 2–161)

---

[1] The Group was unable to agree and are not in possession of the information necessary to determine whether the Center should be housed in a single facility or be provided fully in several community locations.

(1) The first section of such Act (D.C. Code sec. 2-161) is amended to read as follows:

"The purpose of this Act is to provide for the protection of abused or neglected children as defined in section 2301(9) of title 16 of the District of Columbia Code. Any medical personnel and certain persons involved in child care in the District of Columbia, including persons licensed under the Healing Arts Practices Act, District of Columbia, 1928, who become aware of such cases, shall report them in accordance with the provisions of this section thereby causing the services of the District of Columbia to be brought to bear in a coordinated effort to protect the health and welfare of these children, to prevent further abuses, and to preserve family life whenever possible."

(2) Section 2 of such Act (D.C. Code, sec. 2-161) is amended to read as follows:

"SEC. 2. (a) Notwithstanding section 307 of title 14 of the District of Columbia Code, all medical personnel and certain persons in child care in the District of Columbia, including persons licensed under the Healing Arts Practice Act, District of Columbia, 1928, who see a child under the age of 18 for examination, care or treatment and who have reason to believe said child is:

(i) abused or has suffered physical harm due to neglect as defined in section 2301(9) of title 16 of the District of Columbia Code shall report such injury or harm to a specially designated nonuniformed unit of the Metropolitan Police Dept. of the District of Columbia except as provided in section 2(d) of this Act.

(ii) otherwise neglected as defined in section 2301(9) of title 16 of the District of Columbia Code shall report such neglect to the protective services unit mandated in section 7 of this Act.

(b) Any person in the District of Columbia other than a medical person or person involved in child care who has reason to believe a child is being abused or neglected as defined in section 2301(9) of title 16 of the District of Columbia Code may report such neglect to the appropriate agency in accordance with the provisions of this Act."

(3) SEC. 3 of such Act (D.C. Code, sec. 2-163) is amended to read as follows:

"SEC. 3. An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the appropriate agency. Such reports shall contain the names and addresses of the child concerned and his parents or other persons responsible for his care, if known; the child's age; the nature and extent of the harm or injuries of the child (including any evidence of previous injuries); and shall include such other information which the person making such report believes helpful in establishing the cause of the harm or injury and the identity of the person who may have caused such harm or injury."

(4) SEC. 4 of such Act (D.C. Code, sec. 2-164) is amended to read as follows:

"SEC. 4. Any person, hospital or institution participating in good faith in the making of a report pursuant to this subchapter shall have immunity from liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report. Any person who in good faith provides evidence pursuant to an investigation or a judicial proceeding involving such report shall have the same immunity."

(5) SEC. 5 of such Act (D.C. Code, sec. 2-165) s amended to read as follows:

"SEC. 5. Notwithstanding the provisions of sections 306 and 307 of title 14 of the District of Columbia Code, no privilege between husband and wife or between any professional person (except lawyer and client), including but not limited to physicians, ministers, hospitals, and clinics, and a child, his parents, guardian or custodian shall constitute grounds for excluding evidence in any proceeding in the Family Division of the Superior Court of the District of Columbia concerning the welfare of such child."

(6) Such Act is amended by adding at the end thereof the following:

"SEC. 7. Any person required to make a report under this Act who willfully fails to make such report shall be fined not more than $1,000, or imprisoned for not longer than 30 days, or both. Violations of this Act shall be prosecuted by the Corporation Counsel in the name of the District of Columbia."

"SEC. 8. For the purposes of this Act—

"(a) The term 'medical personnel' includes a physician, surgeon, dentist, resident, intern, registered nurse, practical nurse, psychiatrist, psychologist, chiropractor, coroner, and medical examiner."

"(b) The term 'certain persons involved in child care' includes school officials, teachers, social services wrokers, day care center workers, or any other child or foster care worker."

(7) The Director of the Department of Human Resources shall develop and maintain a confidential central registry of all cases of alleged child abuse reported in the District of Columbia under the provisions of the Act of November 6, 1966, as amended by this Act, and shall coordinate and cooperate with State and local agencies in the development of a regional and/or national register of cases of alleged child abuse. The confidential central registry developed by the Director shall be maintained on a 24-hour basis, and the Director shall establish procedures to insure the accuracy of information filed in such registry, and for restricting access to such registry to medical personnel investigating child abuse, Corporation Counsel, members of the specially designated nonuniform division of the Metropolitan Police force, persons employed by the Center, and parents, children, or other persons reported to the registry and their counsel. The Director shall also maintain a record of each instance where information from the central registry is released showing the date of such release, and the purpose for which, and the person to whom, such data was released. Notice shall be given each person reported in the registry within 3 days of the filing of said report. Data shall not be transmitted from the central registry to other jurisdictions without the consent of the persons reported unless the receiving jurisdiction has comparable safeguards on the use and dissemination of such data.

SEC. 4. (a) Section 2301 (9) of Title 16 of the District of Columbia Code is amended to read as follows:

"(9) The term 'neglected child' means a child—

"(A) who has been abandoned; whose parent, guardian, custodian, or other person acting in loco parentis, inflicts or recklessly allows to be inflicted upon such child physical injury or sexual abuse, or who is injured while in the custody of his parent, guardian, custodian, or other person acting in loco parentis and they can give no satisfactory explanation for the injury;

"(B) who is without proper parental care or maintenance, subsistence medical or surgical care, education as required by law, or other care necessary for his physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his parents, guardian, custodian, or other person acting in loco parentis;

"(C) whose parent, guardian, custodian, or other person acting in loco parents is unable to discharge his responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity and has made no suitable arrangements for said child; or

"(D) who has been placed for care or adoption in violation of law; or

"(E) who is in danger of being without proper parental care or maintenance, and whose sibling is neglected or has been neglected as defined in subsections A–D."

SEC. 5. (a) The first sentence of section 2304(b) of Title 16 of the District of Columbia Code is amended by inserting "or when termination of parental rights is sought" immediately after "neglect,". The last sentence of 2304(b) of Title 16 of the District of Columbia Code is stricken and replaced by, "The Division shall in all cases appoint separate counsel to represent the child."

2304(c)(1). Nothwithstanding any privileges granted under the laws of the District of Columbia, except lawyer-client privilege, counsel for the parties in any proceeding pending before the Family Division of Superior Court shall be given access to and the ability to copy any and all social, psychiatric and medical records pertaining to the child and his immediate family prior to the hearing on the merits.

(c)(2). Access to records in the custody of agencies of the District of Columbia shall be granted upon the presentation of an affidavit by counsel stating that the case is pending.

(c)(3). Records in the custody of private agencies may be obtained by agreement between counsel for the child and the agency, by subpoena, or by other order of the Court and shall be delivered at a time and place convenient to the parties.

b. Section 16–2319 of the District of Columbia Code is amended as follows:

"b. Whenever the recommendation in the Pre-disposition report is that the child be committed to the custody of the Department of Human Resources, the

report shall state specifically what community alternatives are available to provide the care and treatment required for the child and why these community alternatives are inappropriate, what agency facility has been chosen, and why it is the most suitable placement.

"c. Whenever the recommendation in the Pre-disposition report is that the child be committed to the custody of the Department of Human Resources, the report shall state specifically the type of treatment that the commitment shall provide, the plans for reintegrating the child into the community, and with respect to neglected children, the plan for reunifying the family or otherwise securing the child's right to a permanent home placement."

(c) Section 2322 of title 16 of the District of Columbia Code is amended by inserting at the end thereof the following: After a dispositional order vesting legal custody of a child adjudicated neglected pursuant to § 16-2301(9) in a department, agency or institution, a hearing shall be held, after proper notice to the parents, their attorneys, and the child's attorney, (a) within 6 months in the case of a child under 12 months of age, (b) within 1 year in the case of a child between 1 and 6, and (c) within 2 years in the case of a child 7 or older, and semi-annually thereafter at which the department, agency or institution shall show cause why the parental rights should not be terminated by the Division for the purposes of seeking an adoptive placement for the child. If the conditions which led to an adjudication of neglect have not improved, it must be presumed to be in the best interest of the child that parental rights be terminated unless substantial and conclusive evidence to the contrary is presented at the hearing. The court in considering evidence to rebut the presumption shall consider, among other factors:

(1) the preservation of continuity of care and caretakers for the child;

(2) the quality of the interaction and interrelationship of the child with his parent or parents, siblings, custodians or other caretakers;

(3) the child's own determination, to the extent feasible, of his or her own best interests in the matter;

(4) the mental and physical health of all individuals involved.

(d) A request for the termination of parental rights may also be incorporated in a petition for neglect brought pursuant to section 2301(9).

(e) Where an order for permanent termination of parental rights has been entered pursuant to this section, the department, agency or institution to whom the child has been committed shall be responsible for seeking prompt adoptive placement of the child and shall report to the Division within six months of the order terminating parental rights upon its efforts to secure an adoptive placement. If the adoption proceedings have not been initiated within a year of the order terminating parental rights, the department, agency or institution to which the child was committed shall report annually on all efforts made to secure an adoptive placement for the child.

SEC. 6 (a) To assure skilled, effective handling of all neglect cases involving District children, the Commissioner shall maintain by public agency or by contract with a private agency a distinct and separate Protective Service Unit for children (which may function through several neighborhood centers.)

(b) The Unit shall be staffed by specially trained workers whose duties shall be to carry no more than 25 neglect and/or preneglect cases (families). These workers shall be supervised by professionally trained social workers with experience in Protective Services for children.

(c) The Protective Service Unit and the Abuse Center shall jointly operate a 24 hour emergency intake Unit which shall be staffed by specially trained and professionally supervised personnel and is authorized and directed to:

(i) Receive reports of neglect or abuse of children in the District of Columbia and to investigate these reports immediately.

(ii) Determine what emergency services are appropriate to the situation and to initiate necessary emergency action, including but not limited to:

(a) Dispatching emergency caretakers to enter homes and provide care for children who are without supervision.

(b) Requesting police action under D.C. Section 16-2309.

(iii) Determine whether to, and where necessary, to refer cases to Corporation Counsel for the filing of neglect petitions.

(iv) When a case has been referred to Corporation Counsel for the filing of a petition of neglect, the unit shall upon the request of Corporation Counsel transfer reports and other relevant data to the Youth Division of the Metropolitan Police Department for Investigation.

(d) The Protective Service Unit is further directed to—

(i) Request and receive access to facilities, services, and other activities provided by the Department of Human Resources when deemed appropriate to the cases served by the unit.

(ii) Enter into contracts or agreements with private persons or agencies or with other public agencies not part of DHR for needed additional services. Such services shall include but are not limited to:

(1) emergency and other foster homes;

(2) emergency caretakers;

(3) homemaker services;

(4) facilities providing medical, psychiatric or other therapeutic services, and

(5) daycare facilities.

(iii) Provide or contract for supervision and training including in service training for providers (staff) of support services such as regular emergency and other foster homes.

SEC. 7. The Commissioner of the District of Columbia is directed to:

(1) Develop a comprehensive plan of family and child services which will make a broad range of services and resources readily available to families residing in the District whose children are, or are in danger of being, neglected. The Commissioner shall be responsible for identification of all resources for prevention, detection and treatment of child neglect available to District residents and of services and resources deemed necessary to keep families intact and/or to meet individual needs of children requiring substitute care but which are unavailable or are insufficient. The plan shall be designed to provide such services in a manner aimed at preservation of the existing family unit whenever possible, if such preservation will not be detrimental to the welfare of the child(ren), and provision to those children requiring substitute care such services as they individually require in an environment as homelike as their needs permit.

(2) Submit the comprehensive plan to the City Council for public hearings revision and promulgation.

(3) Develop and maintain the programs, policies, services, resources, etc., for abused and neglected children and their families, guardians or others acting *in loco parentis* as are required to fulfill the purpose of this act and so as to comply with any regulations or programs adopted by City Council hereunder.

(4) In furtherance of accomplishing the goals of the comprehensive plan, and so as to minimize duplication, conflict or fragmentation of services, the Commissioner shall coordinate the activities, services, training, research, etc., of all agencies responsible to him (under Reorg. Plan No. 3 of 1967 as amended by PL 93-198) insofar as those activities, etc., are directed at detecting, treating or preventing neglect of children as defined in 16-2301(9) as amended herein. The Commissioner shall further seek to coordinate such activities of independent or private agencies and of the Courts by voluntary agreement or contract.

(5) In no case allow a child placed in the custody of any agency of the District of Columbia for reasons of neglect to be lodged in an institution, public or private without a demonstrable medical, psychiatric or educational need.

(6) Except where such data transfer is expressly prohibited by law, request, receive tabulate, and analyze data and statistics from agencies within the executive branch and such other agencies or groups as by agreement or contract agree to furnish such statistics, (a) as are considered by the Commissioner necessary to develop, formulate and operate the services and programs required by this act or (b) as are requested by City Council.

(7) Annually publish the tabulations and analysis of data collected pursuant to subsection (5)(a) and to disclose to City Council such as are collected pursuant to subsection (5)(b).

§ 7a. The Commissioner shall develop for all agencies responsible to him standards and regulations for operation in the detection, prevention or treatment of neglect.

§ 7b. Recommendations for said standards and regulations shall be solicited by the Commissioner from such agencies as provide services to neglected children or their families and private organizations under contract to provide such services, and from other governmental or private agencies or groups having expertise in the field of neglect and from the D.C. Neighborhood Advisory Councils as set up by P.L. 93-198. The standards and regulations shall be submitted to the D.C. City Council, for public hearings and adoption or revision. Review and revision of the standards shall be made in the same manner at least once a year.

SEC. 8. The City Council is authorized to:

1. Request and receive the proposed comprehensive plan prepared by the Commissioner, to hold public hearings thereon and to promulgate said plan or a revised form thereof.

2. Request and receive the proposed standards for the delivery of services referred to in Sec. 7, sub-sec. 6 from the Commissioner, to hold public hearing and to promulgate said standards or a revised form thereof.

3. Request and receive annually from the Commissioner a report on the development and modification of existing plans and standards and the evaluation of the efficacy of existing social services for children, to hold public hearings

Ms. GALDI. In addition we have made the following criticisms, both positive and negative:

(1) § 101(e) creates an Office of General Counsel which, it appears to us, would duplicate the role presently played by the Office of Corporation Counsel.

(2) § 102 would create a Central Registry, an idea which we support and believe important in serving neglected children. We have a few problems with the present draft of the section, however.

(a) § 102 (d) & (e) are meaningless without some provision requiring the notification be given within a specified time to a person reported in the registry.

(b) § 102(e) should provide for an administrative fair hearing as a first step with court review.

(c) § 102(f) should require notice of release of information to the person concerned.

(d) § 102 refers to "the subject of the report." It is unclear whether this is the child or parent or other person. Since notice hinges on this phrase, it should be defined.

(3) §202 provides that all neglect reports shall be referred to the police who shall make a preliminary investigation. Such a requirement is not only burdensome but in many cases is counterproductive. While it may be good practice for police to investigate abuse cases, or to investigate other petitioned neglect cases

(3) § 202 provides that all neglect reports shall be referred to the police who cases in which police involvement is not required and is not desirable. Moreover, the bill would require policemen to investigate factors totally outside their competence and expertise, which would be better done by social workers.

(4) We believe the broadened definition of 'neglected child' in § 208 (a) is very important to protecting such children. However, we have the following reservations:

(a) The addition of subsection (E) to DCC 16-2301 (9) is crucial. We would suggest, however, that this subsection be rewritten to include cases where a sibling has been previously neglected as well as those where the sibling is presently the subject of a neglect petition.

(b) In 1208(b) we believe the definition of abused child should be altered by inserting the words "willingly or negligently" in the third line of subsection (s3) to DCC 16-2301 before "allows to be inflicted."

(c) We believe there should be an amendment to the Judicial Procedure code sections to require that DHR or its agents pursue all available means of keeping a family together before the Court may remove a child from its home.

(5) Finally, we would like to communicate our endosement of the bills' provisions for the termination of the parental rights.

Ms. GALDI. Ms. Stein will complete the statement for our group.

Ms. STEIN. Thank you.

As Ms. Galdi indicated, my name is Mary Ann Stein. I am the attorney with the FLOC Child Advocacy Office, and I would just like to make a few other comments that we have noted on the bills that we will introduce into the record. They have been touched upon, some of them, and some of them have not.

CENTRAL REGISTRY

There has been a great deal of concern and discussion about the central registry. We support the idea of a central registry. We think it is

very important in order to serve neglected children, particularly in a large metropolitan area with a transitory population, or a large transitory population.

We do have a few problems with the present draft of the section, and I would like to note these.

Now I am referring mainly to the way it is drafted in H.R. 15779.

Notification

Section 102 (d) and (e) appear to me to be meaningless without some provision requiring that notification will be given within specified time to the person who is reported in the registry. These allow the person to object to certain things being in the registry, but by oversight I assume there is nothing requiring notification to the person that he has been reported.

Administrative Action

Section 102(e) should provide for an administrative fair hearing as a first step before providing for a court hearing. It seems to me that would save the court a lot of time, if there were an administrative review of an objection with provision under the Administrative Procedures Act for a court review.

Section 102(f) should require notice of release of information to the person concerned.

Reports

Section 102 refers to "the subject of the report," and it is unclear to me, and I think might be to other persons whether the subject of the report is the child or the person inflicting or allowing the neglect or abuse to be inflicted. Since notice hinges on this phrase, it seems to me that should be clarified.

Section 202 provides that all neglect reports shall be referred to the police who shall make a preliminary investigation. Now, we have heard a good bit of testimony on this today in both directions.

It is our belief that such a requirement that all reports be made to the police, and that the police make a preliminary investigation, is not only burdensome, but as Dr. Green testified, for instance, in many cases would be counterproductive.

Mind you, we are dealing not just with abuse cases in these bills, we are also dealing with neglect cases, and these could cover a variety of things, including children who are hungry, and what may turn out is that the parents just need to be referred to some social service for assistance, for food stamps, welfare, or whatever, or where they may need some particular kind of training in how to care for their children.

Investigations

While it may be good practice for police to investigate abuse cases, or to investigate other petitioned neglect cases at the request of corporation counsel in the preparation for trial, we believe there are many cases in which police involvement is not required and is not desirable.

Moreover, the bill would require policemen to investigate factors totally outside their competence and expertise, and which would be much better done by social workers.

While it has been testified that the Youth Division is a specially trained unit, I think that it should be noted that the Youth Division is also undergoing some decentralization and many of the officers who are actually called upon to do investigations do not have a great amount of experience, and certainly they are not social workers. It does seem unrealistic to ask them to get into every neglect case and to investigate things which the social workers have been trained to investigate.

We believe that the broadened definition of "neglected child" in 208(a) is very important to protecting such children.

However, we do have some reservations about that redrafting.

SIBLINGS

The addition of subsection (E) to DCC 16-2301 (9) is crucial. This adds for sibling protection. We would suggest, however, that this subsection be rewritten to be even broader than it has been written, and it should include cases where a sibling has previously been found to be neglected. Presently, I think the draft provides that if the child is presently the subject of a neglect petition that the siblings can be considered also as neglected children.

There are many cases where a child has previously been found to be neglected, and there now appears to be a problem with the sibling. We think that those children should also be within the purview of the statute.

In Section 208(b), we believe the definition of abused child should be altered by inserting the words "willingly or negligently" in the third line of subsection (3) before the words "allows to be inflicted." There might be certain coercive circumstances in which a parent might allow something to happen unwillingly, or some other way, other than willingly or negligently.

We believe there should be an amendment to the Judicial Procedure Code sections to require that the Department of Human Resources, or its agents, pursue all available means of keeping a family together before the court may remove the child from its home. And I would like to emphasize that.

The concern of the staff in preparing this bill appears to be bringing more cases into the system. Those of us who have been involved in dealing with the system are exceedingly concerned that the system does not cope with the cases that it has, and will cope even less well when more cases are brought into the system.

In many instances, children are removed from their homes as a considered way of dealing with neglect. If a child is found to be neglected, let's take them out of their homes, and it has been testified children remain in foster care in this city an average of 7 years. That is the longest average care, substitute care, stay in substitute care of any city in this country, and I think that that may be a very telling indication of the lack of services provided to families and children to either reunite them or to find them some type of—find the children who cannot be reunited with their family some type of permanent care.

We feel that if we really are going to speak to the needs of neglected children, we must speak not just to getting them into the system, but to

what happens to them once they get into the system, and we don't believe the bill does that.

Need for Legislation

I think that whether this Congress is going to consider passing a bill, or whether this case is going to go to City Council, we would like it in the record that we think that the entire scope of care and services to neglected and abused children has to be looked at and has to be revamped.

On this line, I would like to say that Mr. Yeldell's testimony raised a lot of questions for me, and I would just sort of like to summarize, that while we oppose the creation of a separate agency because we think that that would not really include services, that might just add to chaos, and we don't think it has been sufficiently considered as to where—how an independent agency would function in the system.

We are not lulled by the Department of Human Resources general assertion that it has everything under control and that it is going to hand over a comprehensive plan that is going to solve all of the District's ills.

The City Council passed a regulation 3 years ago requiring the city to close down Junior Village, and to come up with a plan to ensure that children would not have to be kept in public custody. It has taken the department nearly four years to get that plan out of planning and to the city, provided, of course, that it does come out in September.

The services are not now available. Moreover, we have discovered in attempting to get certain data from the department under discovery procedures in a court law suit that much of the data that really is necessary to formulate an adequate comprehensive plan is not available, and that there are no programs to review and evaluate the programs in existence and to tell whether, in fact, those are being effective or not.

Protective Services

We believe the Department of Human Resources must be accountable to the present system, and that it should be required to explain how various gaps in the services, which Mr. Yeldell generally admitted have existed, will be filled, how the interagency agreements are going to become more effective, and what new services will be provided, how the protective services is going to work, what new resources will be provided through protective services, and what timetable is going to be given.

We would be interested in knowing how a child will flow through the system under the new comprehensive plan. It might be very helpful to us to have Mr. Yeldell outline to us the present way a child goes through the system and what happens and where some of the problems are, and how, under his plan, a child now will be able to go through the system, and his needs will thus be met.

We are concerned—he said that protective services is going to be maintained. As Ms. Galdi indicated, we have learned that protective service workers, in addition to protective service work, are also being assigned family cases. We believe that they are not receiving adequate training and that the standards for becoming a protective service

worker are being lessened, and we think that all those things need to be looked into.

We don't know whether this is going to be the proper forum, whether you would wish to submit a list of questions to Mr. Yeldell or not, but we think that if the records of these hearings are going to go to City Council, these are definitely issues that must be addressed if we are going to improve services to neglected and abused children in this city.

Mr. MAZZOLI. Thank you.

REPORTING

Ms. STEIN. If I might, I just would like to make a comment on the reporting, because several things came to my mind while I was listening to the questions and the answers.

I think that it might be important to find out, in order to answer many of the concerns of the committee about what kind of incentive must we provide to get the proper kind of reporting, to find out what the policies of some of the public agencies who are in a good position to help us find some of these cases are about reporting.

It is my experience, with the acquaintances of mine who are involved in the school system, for instance, that the school system actually discourages and forbids some of its employees from reporting child neglect cases farther than to the school, and that many of these cases thus do go no further.

I think that there should be an inquiry to the school programs, to recreation programs, to various day care programs, to find out what their policy present is, and to find out whether, perhaps, we might not be able to improve reporting by requiring public agencies to follow certain procedures, by setting up certain training programs, perhaps, and at least encourage individuals within the system to make reporting.

DOCTORS

I would like to add a few explanations to why I think doctors don't report. Ms. Huhn said she thinks that a major reason is that they don't want to spend time in court. I suggest that is one reason. I hate to say it, I think one other reason is a lot of doctors just don't care, and just aren't interested. And I think perhaps another very major reason is, even though we may grant them immunity from civil or criminal liability, that does not grant them immunity from being sued, so that if a doctor does report a case in good faith, the people who have been reported still can sue. They may not be able to collect, but there would have to be a hearing on whether, in fact, the report was made in good faith.

So, I suggest that we certainly don't want to take away people's right to sue and to prove that a case has been reported maliciously, but we may have to counterbalance that with an equal threat to the doctor, and it is unfortunate, and I think if we are concerned about children we do want the cases reported, and it may be that a doctor says, well, I don't even want the threat of a suit, and we have to say to him, look, you have got the threat of a suit whichever way you go, so please use your conscience and when a case really is an abuse case, you must report it.

Ms. RILEY. Could I comment on that, Mr. Chairman?

Mr. MAZZOLI. Yes.

Ms. RILEY. There is an article that came out by Sidney Wasserman called "The Abused Parent of the Abused Child." In 1960 there was a study done which he reported on which said that a fifth of the nearly 200 physicians questioned in Washington, D.C. said they rarely or never considered the battered child syndrome when seeing an injured child, and of course said that they would not report a suspected case, even if protected by law against legal action by the parents. And he goes on to summarize that apparently they did not believe the evidence would stand up in court.

I would further submit that there are other problems that some of the doctors that I have talked to—even in a case where a women had already killed one of the children—that it seems that there is a feeling that, well, I know Mrs. so and so, and she is a relatively good mother. It is very difficult, even for psychiatrist and psychiatric social workers, and social workers to accept that parents abuse. I think even some of the references that were made from the Chair and from some of the other Congressmen today show that it is a very difficult thing psychologically to accept that people would do such a thing to their children. It is also very difficult when you have a relationship, such as myself, as a psychiatric social worker dealing with these parents closely, it is very difficulty to try to decide when you are going to report something. So that there are lots of emotional things that come into it, as well as the fear of having to go into court and take up their time and that sort of thing.

Ms. GALDI. Could I make an addition to Ms. Riley's comment?

Mr. MAZZOLI. Yes.

Ms. GALDI. I forgot to state, I was a protective services social worker with the Department of Human Resources. I worked for the department off and on about 5 years. I resigned last year, so I have been away from it for a year.

One of the reasons, in this community, that professionals such as physicians don't report is the poor track record of the community in dealing with the problem.

Who has confidence? I can speak as one who worked and removed children. Who has confidence that in the District of Columbia either the abused child or the abusing parents are going to receive adequate services?

When you read editorials in the Washington Post about, you know, nothing good is happening in child services, the history—the community simply does not have confidence that children in this city are a priority issue, and we are hoping, you know, in the coming six months that the community will have an impact in making policy. But I really believe that that is a factor in whether or not a physician decides he wants to get involved with a chaotic system. Particularly private physicians who do have a relationship and have a real personal concern, they say, in the end it is going to hurt the family more, or hurt the child more, because I don't really understand what it is all about anyway. Why should I subject my people, to an unwieldy and perhaps unfeeling system.

Mr. MAZZOLI. We are supposed to get some testimony, at least a written statement, from the D.C. Medical Society, and we might try to get something from the American Medical Association.

It occurs to me that doctors who don't normally see children, for instance, who maybe are not pediatricians, might have a difficult time really establishing whether or not this broken arm or this broken leg came from child abuse as against falling down steps.

Obviously, if you see severe bruising and you see signs of old scars and you see this type of thing, why, I would guess that most lay people could indicate that something is perhaps amiss. But I can see where a doctor, even a professional pediatrician, for instance, would have maybe a difficult time unless he has seen that patient over a period of time, because this doesn't seem to show a pattern, which leads me to believe that maybe record-keeping and repositories, or central clearinghouses and this type of thing might help the doctor to assure himself or herself that they are seeing the victim of child abuse, and therefore feel more comfortable in taking the next step.

But it also occurs to me, too, though, that possibly assigning criminal penalties to this thing as an inducement to reporting may be counterproductive, to quote somebody's words here. It may hurt the other way around, particularly the lay people—those who have no medical background—you know, a day care worker. One of you mentioned day care personnel included babysitters, professional or nonprofessional, licensed or non-licensed babysitters. We are really getting far afield at that point. It seems we are beginning to put the criminal penalty on some 16-year-old girl who lives down the street somewhere, who is going to come in and watch your child, and then that child has herself the responsibility to either sound off or go to jail, or to suffer a thousand dollar penalty. So, it gets a little bit tricky, and that is why I think really our devotion here ought to be to try to possibly do something to prevent child abuse where we can and encourage reporting by some sort of educational programs.

And I wondered if any of you women would know whether the Medical Society in this community has endeavored to educate, by way of newsletters, by way of seminars, by way of medical continuing educational programs, on that battered child syndrome?

Ms. RILEY. Mr. Chairman, I would like to make some comments on that.

First of all, certainly there are articles in the medical journals which I have seen, and there are independent kinds of things that are done occasionally, but the people who show up for that kind of workshop or forum are those who already tend to be interested and concerned and involved. They don't get to the people who either don't know it exists or care.

But, for instance, in the District a lot of the workshops where I have appeared have been not sponsored by DHR, for instance, which should be doing an education program. If you had a specialized center such as this, they would obviously take on this as one of their functions. It is allowed for in the bill.

There have been things like the nurses at D.C. General had spontaneously—their own little organization had an educational forum. Social workers had them, but they are independent of these agencies. They just happen to come about because of the interest and concern.

I would like to agree with what you are saying about, you know, why put all these criminal and negative kinds of penalties to this, but we are certainly not going to push away people from reporting who

would have earlier reported, because they haven't been reporting, as we all know. The doctors have not reported.

This may put some constraints on them to report, but even though I consider it necessary to have some sort of penalty, because this has been the experience across the country—when we allowed for protection from civil suits, that obviously wasn't sufficient. Where we do come into difficulty is that if they have to report to the police this may be the problem.

Now, if there were a center, a focal point—it could be under DPR. I don't have any big problem with it being under DHR as long as it is a specialized service. But if there were a focal point where somebody could call to a center, which seems less punitive and less frightening, you know, where somebody is going to get help, and they could even refer clients.

They might not even make the call themselves, but a doctor might say to Mrs. Jones, look, there is a place that can help you, why don't you go see them and talk to them, where it doesn't have the protective services onus which is unfortunate, and not necessarily deserved, but where people think their children will automatically be taken away from them immediatley.

Mr. MAZZOLI. I understand that if the doctor simply told Mrs. Jones that she can get some help at XYZ that doesn't get him off the hook. He still has that responsibility; he still has that possible criminal burden sitting on his head.

Well, we have really talked this over all morning, and I think we have reached a point of diminishing returns. Everybody has a different idea of how this goes. I would judge it to be a pretty commonly held thought among social workers that there ought not to be a death penalty, that the penalty is not a deterrent.

Here we have people who are not for death penalties saying let's put a criminal sanction on doctors because this is going to get some kind of compliance. There is a certain inconsistency.

I think of my late father's famous statement, "it all depends on whose ox is being gored."

So, I think in this case, we feel—some of us, at least—that a criminal penalty might be too much. But on a more positive point, I do think that the matters we are putting on the record, including your very comprehensive scanning of these bills, and pointing out the difficulties and the omissions, and where additional words might help clear up the meanings, I am sure will be very helpful to those who will eventually have the responsibility to prepare some kind of legislation.

So, I think that we certainly are doing effective good, and your time has been well spent.

Congressman Stark isn't here. His counsel is. Does counsel have questions?

Mr. JULYAN. Thank you, Mr. Chairman.

PROFESSIONALS

Ms. Riley, in your group therapy approach, what professionals work with you, where are they from?

Ms. RILEY. Well, I am a psychiatric social worker. I started the group. I brought in, initially, into the group a psychiatrist who ex-

pressed some interest. He stayed for about 6 months, and left the group. I ran the group myself for another 6 months, and I just in the past month have taken on another psychiatric social worker who is co-leading this therapy group with me.

Mr. JULYAN. Have you ever had an abusive parent talk to the group? This was a question that was brounght up this morning about the parents anonymous approach, how they are in in many ways be the people who can best reach other abusive parents.

Ms. RILEY. No, it is not an educational type group. The family life education group would have been a possibility for that.

Unfortunately, when you get into the parents anonymous kind of group, we have nothing like that in the area that I am aware of, and not in the District, surely.

Jolly K. of the national group, I have heard her speak and she would be somebody who would be helpful. I had thought this morning as we were talking about perhaps having a citizen respresented on the team that certainly somebody who has not just been a battering parent, but somebody who has been a battering parent and who has worked out a lot of their problems.

Someone who has been in some sort of treatment over a period of time, could serve as sort of consultant to the group, just as you may have in halfway houses where a reformed convict is certainly considered by the people who are under that system as somebody who stands there as a model of where I can sometime expect to be. I think that that kind of a person could be very helpful on a team, a former battering parent who has worked out those problems successfully.

ABUSE DETERMINATION

Mr. JULYAN. In your testimony you talked about limiting the program to families where there was a question of battering. Earlier this morning, Congressman Stark was trying to find this question, is there a way, before you have the battered child or the abused child that you can identify a potentially abusive situation.

If you limit the care to battered children and to their families, aren't you afraid that if there is any hope of getting the problem before it is too late, or before it has gone too far down the line, that you are going to miss it?

Ms. RILEY. Well, occasionally you will find both neglect and battering in the same family, but not usually. It is a very strange phenomenon in the battering family that this child who is battered is exceptionally well cared for, exceptionally well fed, well clothed and cleanly. I have seen many of these children myself first-hand. Often the battered child is well taken care of. It is sort of "the object of my hate, I have to take care of that object very well so I will continue to have that object of hate to spew my hate to."

So that not necessarily is there any correlation between neglect and battering parents. As a matter of fact, neglect tends to be a sin of omission where battering is a sin of commission, and there are quite different psychodynamics that go on with battering parents and neglecting parents. Sometimes they overlap, but not necessarily very frequently.

Now, you were talking earlier about other ways to determine who the battering parent will be. Certainly this is one of our big problem

areas, and we will never have prevention to any huge degree. We certainly can do much better than we are doing.

I think Dr. Kempe had a questionnaire which he has used in trying to determine who might tend to be a battering parent, by at the time of birth asking certain questions and noting certain attitudes that parents have towards newborn babies—children who are not wanted, maybe attempts at abortion before the birth. There are some of those questionnaires that can be done at the very early level, but that would have to somehow be done in a pediatric-obstetrician kind of way.

In my group we have tested many of these parents. We tend to find a schizophrenic profile among the majority of the parents. That is not to say that all schizophrenic patterned people are going to be battering parents, but there has been in our small sample a tendency towards schizophrenia being one of the identifiable symptoms. These are very isolated, alienated people and that is why group therapy is especially helpful to these people, because it gives them something they have never had.

Ms. STEIN. If I might, I do have a comment to that quesition that struck me as the question was being asked earlier.

DATA COLLECTION SYSTEM

One of the things that I find so sorely lacking presently, and that I mentioned is something we need to legislate and to have a part of the new system, is some type of data collection.

We know really very little about the cases that come through the present system. We don't know much about what the characteristics of the cases that go through the court are, and we know even less about the cases that go through the Department of Human Resources, Protective Services, and so on, that don't come to court.

We need to set up some kind of data collection system.

We did do a sample data collection of a small group of cases that did go through the court system and collected out data from that, just very basic types of information. It has not otherwise been available.

We can have policemen saying well I think this kind of case and I think that kind of case, but unless we actually are collecting data and have a count of characteristics, we are going to be depending upon people's memories, and it may be flavored that just struck a cord with them, or happened to hit a favorite theory of theirs.

But we really want to find out things about the system, not just for determining who might be a neglecting parent or a battering parent, but also what services we are going to need to provide people. We must collect data.

If we are trying to locate a group of people who may become battering parents, we may not be able to pick them out precisely and say, okay, Mr. A, you are clearly going to be a battering father, but we may find certain characteristics which are more prevalent in certain parts of the population than in others.

For instance, this small sample we did showed a large number of very young parents were battering parents, and then it might be with more data collection we would find that in fact a lot of the battering parents are teenagers, and we would then want to set up some kind of a program in the schools and catch the girls who are dropping out

because of pregnancies and try to provide some services to them in the hope that they would not become battering parents.

But we have got to have a data collection system, and we have got to proceed rationally, and we are not presently doing it.

Ms. RILEY. I might just add that there was a study that Richard Gillis did in examining all of the literature on this where the various authors had described the various personality traits that characterized the pathology of this problem of battering, and of 19 traits listed by the authors there was agreement by two or more authors on only four traits. So, we have a serious problem here.

Mr. MAZZOLI. That is like the 10 economists with 12 points of view. Counsel.

Mr. HOGAN. Thank you, Mr. Chairman.

Is there a tendency for urban centers to have a greater problem in this area than others? For instance, it was raised in testimony heretofore, it looks like the rate here is running about two to three times higher than the national average.

Ms. RILEY. I think that some kinds of child "discipline" are much more acceptable in certain areas. You find areas of Appalachia or other parts of the country where to beat the hell out of a child is very acceptable, and maybe there is not the close community kind of observation, too, of that child.

One sort of nice thing from the point of view of a social worker is neighbors are very nosy, and oftentimes very helpful in pointing out the very severe abuse. I have seen children that occasionally escape the system, but neighbors often will make complaints, so that you have the proximity situation in the city so that you learn more of what is happening in the neighborhood.

Certainly, poverty and social problems are high, not just psychiatric problems. Obviously, the people who don't have the relief of going on vacation and babysitters and this sort of thing have many more pressures upon them, and the poor do who cannot afford these kinds of reliefs from parenting.

Mr. HOGAN. And the FLOC representative here, are you a member of this national center for the prevention and treatment, or is that just——

Ms. GALDI. You are referring to the Denver Center? That is an operating center.

Mr. HOGAN. In other words, for years and years and years you have had the societies for prevention of cruelty to animals, you know, and——

Ms. GALDI. Also, we have the Society for Prevention of Cruelty of Children, which came after the one for animals.

Is FLOC a member?

Mr. HOGAN. Is FLOC a member of SPCC?

Ms. GALDI. I don't know if we are a member of the SPCC.

Ms. STEIN. I don't think that we are. I don't know if they are the membership kind of——

FINANCES

Mr. HOGAN. I would imagine that this committee isn't going to do anything particularly with this, other than to forward it down to the council. But their priority down there is going to be determined pretty

much by what community groups, such as FLOC and others, you know, what you force on them. I think as you indicated, it is an elected group and they are going to be responsive to whatever the pressures are, and if they have an interest in children, this problem—I don't think, in looking at the budget here, it is a question of resources particularly.

Ms. GALDI. Absolutely.

Mr. HOGAN. There is something like $335 million.

Ms. GALDI. In some instances—in the expansion of psychiatric residential services for children, there is definitely a money problem. But in the District, my own personal belief is that we still have signals coming from OMB to tell us what is going to be the priority in our city. One of those signals for years in the city has been, you can stuff 900 Black children at Junior Village, and that is okay. Okay, that is the history in this city. It is very hard to break that history, and OMB is still telling us what our priorities are to be, and I can tell you, you know, belonging to a group of organized citizens, we well understand what Home Rule means.

We well understand, we hope, how to teach the Department of Human Resources that they are accountable for and responsible to children as human beings. Children are not objects.

Mr. HOGAN. What I was suggesting is——

Ms. GALDI. That is the basic problem.

Mr. HOGAN. I think the total resources are there. It is just a question of perhaps placing, you know, some of the resources they have——

Ms. GALDI. Too, sir, the most innovative program in the city—the two most innovative programs in the city dealing with the abused child and neglect, were initiated outside the Department, Forensic Psychiatry and Children's Hospital. They have offered the most magnificent leadership, I think, as well as FLOC, in the city, and that tells something.

Mr. HOGAN. Thank you, Mr. Chairman.

Mr. MAZZOLI. Thank you very much. And thank you all for your very excellent help today.

I will, without objection, make a part of the record some statements that we have received from The Travelers Aid Society, Family and Child Services, Children's Defense Fund of the Washington Research Project, the Child Welfare League of America, and the American Academy of Pediatrics, D.C. Chapter.

[The documents follow:]

JOINT STATEMENT OF DENNIS M. GAUGHAN, SOCIAL SERVICES INSTITUTE, INC. AND JANET R. HUTCHINSON, COUNCIL ON ADOPTABLE CHILDREN, INC., OF METROPOLITAN WASHINGTON, D.C.

Mr. Chairman, our names are Dennis M. Gaughan and Janet R. Hutchinson. Our testimony today presents an analysis of H.R. 15779, a proposal to provide an improved system of protection of abused and neglected children in the District of Columbia. Remarks on H.R. 15918 are also included where appropriate.

The perspectives embodied in our testimony derive from personal and organizational factors.

Dennis M. Gaughan is President of Social Services Institute (SSI), Inc. He is the father of four children (three of whom are adopted), serves as an emergency shelter care parent, and was once a homeless child. SSI is a non-profit, tax-exempt public service organization which represents the interests of children and youth. To this end, SSI activities include efforts to enhance and promote the nature, practice, improvement, and understanding of family life.

Janet R. Hutchinson is President of the Council On Adoptable Children (COAC), Inc. of Metropolitan Washington, D.C. She is the mother of four children (two of whom are adopted), has experience as a foster mother, and has a long established interest in the rights of children and youth. COAC of Metro Washington is a non-profit, tax-exempt citizens' organization composed of involved citizens, adoptive parents, social workers and other professionals concerned about children's rights. The organization presently serves the District of Columbia, Maryland and Virginia, with some services provided to Delaware, North Carolina, and West Virginia.

INTRODUCTION

Mr. Chairman, we welcome the opportunity to testify before the Committee. We know it isn't necessary to remind you that every child has an inherent right to a permanent, loving home. Previous activities of the Committee have demonstrated a consistent desire to remove unreasonable impediments to the rights of children and youth. We are now confronted with a new and urgent challenge.

When just one abused and neglected child is taken out of the home environment and placed under public care, the social and economic effects can be devastating. We have heard moving testimony today that the problem extends to large numbers of children. Clearly, it is in the interests of children and youth to establish legal and moral responsibility for their best care and protection at all times and under all conditions.

BASIC CRITERIA

Mr. Chairman, we believe that only those legislative proposals which are cost-effective, and truly just to all concerned, should be accepted by the Committee. The first step should be to determine the basic credibility of any pending legislation. At minimum, this can be done by asking the following questions:

Will this legislation divide or unify families? Are adequate family rehabilitative services provided?

Are all placement alternatives to be considered for each child? Will the least detrimental alternative actually be chosen?

Are the procedures which relate to child custody just and constitutional? Is termination of bio-parental rights to be used sparingly and in a non-punitive manner?

Is there a clear separation of police and civilian powers? Are the rights of children and their families safeguarded? Are the interests of minorities respected?

Can the legislation be implemented? What provisions are included to insure administrative compliance?

Is there money available to support a new program? If so, are funds adequate for the long term? If not, where will the money come from? Is there a mechanism for follow-up evaluation?

How does the new legislation relate to the need for a comprehensive child care plan? Is it compatible? What new needs are now evident?

Of course, there are other considerations. These questions relate to the analysis of substantive content. The discussion which follows offers guidelines related to each grouping of questions. Specific suggestions for changes in the legislation's language, based on the guidelines, are presented in Appendix A.

Family rehabilitation

Mr. Chairman, it is our view that provisions for family rehabilitation should be the priority for any legislation designed to protect abused and neglected children. Most often protective services involve the separation of a child from her or his family. We believe this practice is inappropriate in most cases since the family of first choice for any child must be the child's immediate biological ancestors. This is also the most accessible family and the one which has a definite legal and emotional stake in the services.

The provision of services will most often be to a single woman who gave birth to the child and the genetic father. In other instances, established families (whether organized around wedlock or less formal arrangement) may experience the disruption of illness, financial instability, emotional instability, the dissolution of long standing inter-personal relationships which could presage divorce, and/or other factors. In any case, it is plainly unjust (and upsetting to the over-

all social equilibrium) to permit any child to drift into a child welfare system that does not provide the resources for rehabilitation.

Providing a range of alternatives

Provisions for interim (short term) care can be a significant aid to rehabilitation. The utilization of skilled emergency care parents and other resources can hasten reunification of the family. A full array of placement services, including adoption, should be available to insure that the least detrimental alternative can be selected for each child. To impose unjustifiably narrowed placement options is as unjust as having no rehabilitation services.

Termination of bio-parental rights

On the other hand, in the instance of low income families who other than for financial reasons would be able to retain their children, the possibility that their children could wind up adopted is particularly repugnant. This suggests that some form of public service and support to the family in crisis is necessary to ensure that children achieve the security of a permanent home in the most cost-effective and just manner possible. Most of all, the threat of termination of bio-parental rights to obtain compliance from a recalcitrant family must be avoided. As adoptive parents, we would find this practice an unjust and unconstitutional distortion of our way of life.

Separation of police and civilian powers

Safeguarding the rights of all parties in cases involving abused and neglected children is indeed a difficult matter. The rights of children, parents, and the rest of society must be weighed and assayed for their relative merit. The role of police and civilian authorities is a particularly sensitive matter and deserves careful attention.

In the first place, abuse and neglect is primarily a civilian problem. It is most susceptible to civilian methods and patterns of behavior. Since the primary purpose of intervention by any authority must be rehabilitation and prevention of further abuse and neglect, the police authorities should not figure into early stages of intervention, except as observers and to offer specialized assistance.

However, there should be a clear boundary on how long an abuse or neglect situation can be permitted to continue without meaningful attention. The civilian authorities should be required to show the court that they have executed a well-prepared plan for each child within 24 hours. If this condition is not met, then police intervention is justified.

The term police is used here to indicate both uniformed and non-uniformed officers specifically empowered to act in a law enforcement capacity. The use of civilians to act as substitute watchdogs is specifically not acceptable. This rules out penalties to child care workers active on a specific case for lack of cooperation with police in regard to that specific case. It also rules out using a husband and wife to testify against each other in abuse and neglect cases. Certainly they may report one another, but this testimony must not be used as evidence. Such an action is divisive, not unifying, for a family and runs contrary to sound legal practice.

Problems of implementation

Provisions such as those mentioned so far can facilitate or impede implementation. However, the feasibility of implementation rests on a recognition that child abuse and neglect problems will yield only to a multi-disciplinary endeavor involving administrators, attorneys, medical personnel, parents, psychiatrists or psychologists, and social workers. The bill before this Committee omits mention of administrators and parents.

An administrator must be on the multi-disciplinary team to insure full administrative involvement and compliance. Parents who themselves have direct experience with child abuse and neglect must also be included on the team. These two important additions avoid a proliferation of "experts" who may not have any experimental contact with the problems involved in actual implementation of a plan.

Finally, with respect to implementation, there should be some assurance that the proposed legislation will actually result in action. We have no quarrel with independent status for the new Center for Prevention of Child Abuse. After all, it is nearly one year since we testified on behalf of a subsidized adoption bill for the District of Columbia. As you know, the bill passed this Committee and went on to become law. The D.C. Department of Human Resources (DHR) still has not implemented the law, even though the target date of April 2, 1974 is long past.

This example argues persuasively for independent status for the new Center and provisions for monitoring the new agency's performance.

Cost considerations

As noted earlier, the availability of funds is crucial. To insure appropriation of funds, it is necessary to prove need and effectiveness. One of the main messages citizens have had for public policy makers or the public as a whole who are putting large amounts of money into child welfare programs has been to stop investing a lot of money in child welfare programs merely out of inertia or ignorance.

If time, money, and effort are put into a program, a substantial fraction should also go into solid evaluation. A few years later it is possible to determine whether it was worthwhile, how it compared with something else. Unfortunately, there are relatively few child welfare programs anywhere that put that kind of effort into evaluation so that you can have programs running for years with lots of enthusiasm and with no evidence as to what the success rate really is. We respectfully submit that evaluative mechanisms are crucial to the success of the proposed legislation.

Comprehensive child care plan

Finally, it should be evident that while we are in general agreement with the intent of H.R. 15779, it is essential that the bill be analyzed in light of effective child welfare principles which protect the best interests and rights of abused and neglected children, as well as the rights of genetic parents and, where applicable, the adoptive families.

The Committee can contribute to the creation of an environment conducive to the needs of homeless children by enacting legislative proposals which consider all of the alternatives. Any specific action which affects children and youth should be seen as one part of a long-term strategy for constructive change.

The minimum elements of a comprehensive child care plan are presented in Appendix B. They comprise a summary of objectives that have ample precedent in the history of child welfare, but have not typically been discussed in terms of their interrelationships. The objectives are attainable by adjustments in legislation or administration; they can be realized piece-meal or as part of a comprehensive program. In any event, they are practical and enacting them would bring homeless children the greater part of the distance they must travel to achieve permanence. The proposed legislation before the Committee should be analyzed for its overall relevance to children and youth.

SUMMARY

Mr. Chairman, it should be evident that we believe H.R. 15779 to be in substantial agreement with sound child welfare principles. However, some suggestions are presented in this testimony (both main text and appendices) which we believe offer further improvement. As noted in Appendix A, there are provisions in H.R. 15918 which could usefully be incorporated into H.R. 15779. Other provisions in H.R. 15918 do not meet minimum requirements we believe necessary for legislative enactment.

Once again, Mr. Chairman, we thank you for allowing us to testify before the Committee. If you require further data and/or information, please contact:

Dennis M. Gaughan, Social Services Institute, 4830 Ertter Drive, Rockville, Maryland 20852, 301/770–2338.

Janet Hutchinson, COAC of Metro D.C., 1628 44th Street NW., Washington, D.C. 20007, 202/338–7061.

APPENDIX A—ANALYSIS OF LEGISLATIVE PROPOSALS

SUGGESTED REVISIONS TO H.R. 15779

P. 4—sec. 101. (d). (2)

Beginning on line 15, replace the complete sentence starting with "Each team . . ." and replace it with the following:

"Each team shall include individuals with expertise in the areas of child welfare, family counseling, and agency operation: (A) an administrator, (B) an attorney, (C) an experienced parent with direct knowledge of child abuse and prevention, (D) a pediatrician, (E) a psychologist or psychiatrist, and (F) a social worker."

P. 5—sec. 101. (d). (3)

Beginning on line 3, replace the entire paragraph with the following:

"It shall be the primary responsibility of the administrator team member to coordinate team activities and insure the application of Center resources to team activities without usurping decision making with a bearing on child welfare and family counseling. It shall be the primary responsibility of the attorney team member to provide guidance on matters of legal precedence and to research legal aspects of each child abuse and neglect case. It shall be the primary responsibility of the parent team member to provide first-hand experiential knowledge of child abuse and neglect problems that can lend perspective to team activities. It shall be the primary responsibility of the pediatrician team member to ensure that proper treatment for the physical condition of an abused or neglected child is provided to such a child. It shall be the primary responsibility of the psychiatrist or psychologist team member to ensure that an abused or neglected child and the members of his family are provided the psychiatric counseling necessary for the protection of the child and the elimination of the causes of abuse or neglect. It shall be the primary responsibility of the social worker team member to ensure that, working with an abused or neglected child and his family, a home environment conducive to the safe physical, mental, and emotional development of the child can be fostered."

P. 12—sec. 206. (b)

Change line 22 to read:

". . . day care center workers, guidance counselors, volunteers, and para-professionals"

P. 13—sec. 208. (a)

Insert a new sub-set which says:

"( ) who has not been placed for care or adoption in violation of law:"

Note that this is a supplement to, and not a replacement for, item (D) in Section 2301(9) of title 16 of the District of Columbia Code.

P. 16—sec. 301. (g)

After line 19, add the following:

"(5) the least detrimental alternative for placement available to each child."

ANALYSIS OF H.R. 15918

P. 6—sec. 102. (entire)

This appears to be a useful addition to the proposed legislation, provided that proper safeguards are included. There should be a time limit on reporting out a recommendation to minimize the thread of harassment. In addition, a formal report should be filed which contains the same information that a judge would need in determining the best interests of the child.

P. 12—sec. 202 (lines 11 through 22 on p. 12)

This change shifts in-depth data collection and analysis from the multidisciplinary team to the police. It calls for, among other things, the administration of ". . . physical, psychological, or psychiatric examination of any member of that home . . ." This provision does not meet the guideline of clear separation between civilian and police authority.

P. 13—sec. 205

As this stands, the provision is a tool for police intervention in civilian affairs. However, if used by civilian authorities under the supervision of the court, it is a recommended procedure.

P. 17—sec. 301. (b). (2)

This provision is acceptable provided that rights of free counsel, cross-examination, and the use of competing experts is fully protected.

APPENDIX B—BASIC ELEMENTS OF A COMPREHENSIVE CHILD CARE PLAN

INTRODUCTION

If oriented to the rights of children and youth, then there are basic principles which should be followed to develop a comprehensive child care plan. These include, at minimum:

Providing services to bio families so that children can remain with bio parents;
Separating quickly, and with minimum of trauma, bio parents and children where it is in the last interests of the children (and/or parents) to do so;
Providing services to the bio family after separation to enable them to cope with the problem that caused the separation;
Quickly finding permanent loving homes for (the) separated children; and,
Providing post adoptive services to the adoptive family and child.

However, most social agencies providing services to children and families (particularly the large public agencies) are structured for management instead of children. As a consequence, any approach to one facet of the overall problem is shunted aside due to its inextricable relationship to the other facets. Clearly, a more comprehensive approach is needed.

ELEMENTS OF A PLAN

There are several interrelated areas of basic need which require legislative scrutiny. A summary is offered now, with detailed explanations and histories of successful precedents available at the Committee's request. These recommendations are intended only as general guidelines to the future and should not be construed as final.

1. A constitutional amendment guaranteeing the right of every child to a permanent home with provision for appropriate enabling legislation to implement said right throughout society;

2. The development of comprehensive information and management systems that will precisely identify and monitor the movements of the homeless child population;

3. The development of alternative permanent plans, which can only consist of restoration or adoption, for each child at intake;

4. Mandated family rehabilitative services, including the use of subsidies;

5. The means for securing voluntary termination of "bioparental rights" at intake, when appropriate;

6. A requirement for an in-depth statement of need and objectives from any social agency contemplating or operating interim (foster) care services as part of an annual licensing review;

7. Semi-annual review of children in agency custody;

8. Mandatory termination of "bio-parental rights" on the grounds of abandonment following a period of no contact between parent and child not to exceed six calendar months;

9. Compulsory annual review and recertification of custody by the courts for each child within each agency each year;

10. The means for securing mandatory termination of "bioparental rights" following a specific time period not to exceed two calendar years from intake of the child into the appropriate social service agency;

11. The institution of just and constitutional notification procedures;

12. The careful consideration of rebuttal evidence in all cases of termination;

13. Mandated adoptive services, including the use of subsidies;

14. Non-discrimination in accepting applications for adoption and placement which specifically rejects screening criteria based solely on the grounds of the race, color, religion, age, sex, income level, or marital status of any person or persons over eighteen (18) years of age;

15. More efficient procedures for international and interstate placements;

16. Compulsory listing of children available for adoption and all families and individuals who have an approved home study within ninety (90) days, and publication of the lists in a prominent public manner;

17. Mandated post-adoptive services;

18. Provision for revoking a termination of "bio-parental rights" order if no adoptive placement is made within specified time limits;

19. Accurate and publicly available records, coded if necessary to protect privacy, which provide in-depth data and information on the disposition of each child's case; and,

20. Explicit means of obtaining agency accountability and legal redress of non-performance.

THE TRAVELERS AID SOCIETY,
OF WASHINGTON, D.C., INC.,
Washington, D.C., July 24, 1974.

HON. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and the International Community, U.S. House of Representatives, Committee on the District of Columbia, Washington D.C.

DEAR CONGRESSMAN MAZZOLI: Thank you for your letter of July 10, 1974, enclosing a copy of HR 15779 a bill on prevention of child abuse in The District of Columbia and inviting our comments.

I regret that because I leave on scheduled vacation within a couple of hours of receiving your material and will not return until early August. I am unable to study and respond to the provisions of the bill as I might wish. However, I am asking my associate Mrs. Ruth E. Spurlock, to review the material and add any comments she may have during the course of the coming week.

Meantime, I note with interest but without opportunity to develop a point of view on this that HR 15779 proposes a separate agency in The D.C. Government outside the Department of Human Resources.

The provisions that I most heartily welcome is the broad definition of the "neglected" child and the inclusion of protection and services for him within the context and to the same extent as those being called for for the physically abused child.

On March 28, 1973 while federal legislation in this field was being developed we wrote to Senator Mondale urging that the "emotionally abused" be included in the child abuse legislation for which he was taking leadership. Enclosed is a copy of that exchange correspondence. I would gather from a single reading that the present bill for The District of Columbia covers our intent and concern.

Obviously, since we deal with children who are only transiently in the District and the main thrust of HR 15779 is in behalf of resident children of this community, there are provisions in the bill which would not apply to "our" youngsters. I do hope that other wording is broad enough to offer temporary safeguards for them until responsible relatives in their home communities can be reached and assume appropriate responsibility for their return and continuing care. At present, and in the absence of such legislatiin neither we nor the police nor any other authority can touch them against the will of the usually-psychotic adult with whom they are away from home.

If the present wording of the bill does not encompass the above, we would earnestly hope it could be modified to do so.

Again thank you for inviting us to comment and with all good wishes for your success, I am.

Very sincerely yours,

(Miss) CATHERINE C. HIATT, ACSW,
Executive Director.

EXAMPLES OF CHILDREN IN JEOPARDY KNOWN TO WASHINGTON TRAVELERS AID IN 1973

Case No. 1

A mother traveling with her 3-year old son was put off the train in Washington because of her wild behavior. She was triggered to leave home with the child at the time of President Johnson's death, claiming herself to be President Johnson's widow. She kept exhorting the child to cry for his "daddy was dead"; kept screaming that she was going deaf and blind and turning to the child, she told him he could not see or hear either "nor can you—don't say you can!" The only way she felt they could be saved was to keep their faces buried against the wall.

Our worker who was called in by station personnel was able to get the name of a doctor the woman had known in another city. He acknowledged that she was totally uncontrollable when without medication and urged that the child be taken in protective custody until family could come for them the next day. This was reported to local authorities, but they felt the woman was not hospitalizable, nor was she sufficiently endangering the child that they could remove the child.

Instead, they arranged housing for mother and child together that night. By the time the family arrived next day, the child was indeed mute and totally immobilized. The woman continued to rave.

Case No. 2

In October, 1972, an obviously intelligent educated, but agitated woman had kept her 4 children, 17, 15, 5 and 2, for 5 days and nights at the bus station. When evicted from there, they spent the next 2 days and nights at Union Station. Except for occasional visits to the restroom, all five just sat in total silence day and night. Finally, at the Station Police insistance, the mother reluctantly came to Travelers Aid, but refused to give any identifying information, saying only, "I didn't ask for your help", nor would she let the older children speak to us. Our worker called the Children's Protective Services Division of the Dept. of Human Resources to see if they would temporarily house the children and give them some hot food and exercise while we continued to try to find some way to help the mother. When the official agency worker arrived, she could not do anything because the children's clothing was neat, they showed no scars of physical battering, and the mother would not budge or give permission for their care. Next day, the family was gone.

Case No. 3

In a similar situation earlier in the year, the children (all boys) were ages 8, 6, 5, and 9 months. The three older children were destructively hyperactive, uncontrollable, and kept urinating on the furniture, wherever they stood. The baby whimpered constantly. This mother was willing to tell us where they came from, but refused to let us contact her family for help. Only the oldest child had ever been to school, but had been kept out of school for the past two months. Both parents had a history of mental hospitalization. After we had housed this family for 3 days, they, too, disappeared.

FAMILY AND CHILD SERVICES OF WASHINGTON, D.C.,
Washington, D.C., July 22, 1974.

Hon. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and International Community, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN MAZZOLI: I have read attentively H.R. 15779, a bill to establish an agency for the prevention of child abuse in the District of Columbia. It seems to me that this bill merits some qualified support. Its enactment would bring into line practices in the District in the field of prevention of child abuse which parallel the efforts of those forward-looking states which have adopted similar plans for the protection of children. It would strengthen the hand of those concerned with the well-being of children and provide the structure which, properly administered, would safeguard all parties involved in the sad situations of abused children.

The opportunity to comment is much appreciated.

Very truly yours,

JOHN G. THEBAN,
Executive Director.

CHILDREN'S DEFENSE FUND
OF THE WASHINGTON RESEARCH PROJECT, INC.,
Cambridge, Mass., July 22, 1974.

Hon. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and the International Community, Committee on the District of Columbia, U.S. House of Representatives, Washington, D.C.

DEAR MR. MAZZOLI: Marian Edelman has asked me to contact you regarding the Children's Defense Fund's response to your request for comments on H.R. Bill No. 15779.

The stated purpose of the bill: the prevention of child abuse through the provision of services to all members of an abusive or neglectful family, is excellent. The legislation's recognition of the need for government responsibility for direct services to such families and the procedures it outlines for the establishment of highly trained, interdisciplinary team of professionals who will diagnosis,

treat (or arrange treatment) and monitor service delivery are also commendable. So is the provision that the Director of the Center for the Prevention of Child Abuse (which the bill envisions) will be able to contract with private agencies for services which the state cannot provide directly when a particular child needs special care.

However, the negative aspects of this legislation, in our judgment, outweigh the positive features. The language is much too vague. That is beneficial in certain legislation, of course, but here it would be detrimental. For example, great discretion in deciding to maintain written and "centrally filed" records of reported neglect or abuse cases rests in the Center or the special unit of the Metropolitan Police force. (Sec. 202, page 10, lines 4–6.) Additionally, there are no criteria outlines for deciding whether a family situation is neglectful or abusive although members of the police force's "special unit" will be required to make that determination for all reported cases. (Sec. 202, page 11, line 10–12).

Although the interdisciplinary teams which the legislation envisions as serving an abusive or neglectful family are said to consist of a physician, social worker, psychiatrist or psychologist and an attorney (Sec. 101(d)(2), page 4, line 13 and following), the attorney has no mandated obligations as do the other team members (page 5); in fact, his primary obligation is to the Center and its staff, rather than to the families the team serves. (Sec. 101(e), page 5, lines 21–24).

The bill provides that the "rights" of clients coming voluntarily to the Center will be fully protected. As I read the bill, however, no such provision is made for families who are court referred. (Sec. 101(f), page 6, lines 6–9).

Privileges between husband and wife or any professional person (other than the attorney client privilege) will be waived when the Family Court determines that such waiver is in the "interest of public justice". (Sec. 204, page 11, lines 23 to end and page 12, lines 1–8.) Such waiver should be conditioned on what is in the child's interest rather than in the "interest of public justice".

Counsel is provided for all parents who are accused of abusive or neglectful behavior. However, the children are to be represented by guardians ad litem. (Sec. 301(b), page 14, lines 19-end and page 15, lines 1–6). It is my understanding that guardians ad litem do not have to be attorneys but can be other relatives, interested parties, etc. Independent counsel should be provided for the child in all cases of alleged abuse or neglect as the interests of the child in such cases can be distinct from, or even opposed to, that of the parent.

As to termination of parental rights: the bill's recognition that a procedure for such involuntary termination when it is in the child's interest is necessary is commendable. However, since the basis for termination is to allow a child to develop a stable relationship with an adult whom he identifies as his "parent", I don't see the basis for the differential betwen a child 12 months old and a child of 7 years in the time allotted before a petition for termination can be filed. (Sec. 301(g), page 15, lines 20-end and page 16, lines 1–9). Secondly, the bill makes no provision for agency efforts to maintain the child in his own home by providing supportive services and attempting to foster the natural parent-child relationship before a petition for termination is filed. (The bill even provides that a petition for termination can be made at the time the petition for abuse or neglect is filed. Sec. 301(h), page 16, lines 20–22.) It should be the state's burden to prove in a termination proceeding that the parent has failed to demonstrate an interest in his child in the face of *continuing and substantial agency efforts to foster the parent-child relationship.*

Once a child has been freed for adoption, the agency is required to report to the Division on its efforts to secure adoptive placement for the child. Such report must be made initially within six months of the order terminating parental rights (Sec. 301(i) page 17, lines 2–4) and thereafter every year. (Sec. 301(i), page 17, lines 5–9). Since the purpose of such review is to secure the child a permanent placement as quickly as possible, reports on agency efforts to place such "freed" children should me mandated semiannually at least.

Finally, the most disconcerting aspect of the bill is that it provides for the establishment of a central record file of all reported cases of alleged abuse or neglect. These records (not of cases where findings of neglect or abuse have been judically made, but merely where there has been an allegation of such conduct) will be made available not only to the Center's staff but also to members of the police force, the Corporation Counsel of the District of Columbia and "other jurisdictions with the consent of the persons concerned" (Sec. 102, pages 6–9). The experience of juvenile court records, also allegedly confidential and often supposedly expunged when a child reaches adulthood, demonstrates that the

consequences of data keeping on troubled children, where such data is subject to administrative release, can be severe.

I hope these comments are of some help to you. The Defense Fund is happy to note your interest in the problems of neglected and abused children. If we can be of further assistance, please contact us.

Sincerely,

JOAN E. FITZGERALD.

STATEMENT OF WILLIAM G. LUNSFORD, DIRECTOR, WASHINGTON OFFICE, CHILD WELFARE LEAGUE OF AMERICA

INTRODUCTION

Mr. Chairman, my name is William G. Lunsford. I am the Director of the Washington Office of the Child Welfare League of America. At the request of the Subcommittee on Labor, Social Services and the International Community of the House Committee on the District of Columbia, I am presenting the comments of the Child Welfare League of America, on the bill H.R. 15779.

Established in 1920, the League is the national voluntary accrediting and standard setting organization for child welfare agencies in the United States. It is a privately supported organization devoting its efforts completely to the improvement of care and services for children. There are approximately 400 child welfare agencies affiliated with the League. Represented in this group are voluntary agencies of all religious groups as well as non-sectarian public and private non-profit agencies. The Family and Child Services of the District of Columbia is the League's only affiliated organization in Washington, D.C.

The League's primary concern has always been the welfare of all children, regardless of their race, creed, or economic circumstances. The League's special interest and expertise is in the area of child welfare services and other programs which affect the well-being of the nation's children and their families. The League's prime functions include setting standards for child welfare services, providing consultation services to local agencies and communities, providing accreditation for child welfare agencies, offering technical assistance to both the legislative and administrative branches of the national government, issuing child welfare publications, conducting research, and sponsoring annual regional conferences.

The cirtical nature of the problem of child neglect and abuse has previously been well documented in Congressional hearings (House Select Education Subcommittee and Senate Subcommittee on Children and Youth), and during House and Senate floor debate prior to the passage of the Child Abuse Prevention and Treatment Act (P.L. 93-247). Additionally, during the past 18 months, media reports of several instances of severe physical abuse which resulted in the deaths of very young children, as well as newspaper reports on sexual abuse, and the effects of reorganization within the D.C. Department of Human Resources, have described the nature of the problem of child neglect and abuse in the District of Columbia. Therefore, my comments will be directed towards the merits and demerits of the bill in question, H.R. 15779.

Although H.R. 15779 incorporates several features which the Child Welfare League of America feels would be positive in preventing, identifying, and treating instances of child neglect and abuse, we feel that the negative aspects of the bill are of such a nature that passage of the bill would not enhance the prevention, identification, and treatment of child neglect and abuse. Therefore, the Child Welfare League of America does not support passage of H.R. 15779, in its present form.

FAVORABLE ASPECTS OF H.R. 15779

The most positive features of H.R. 15779 are as follows:

1. The bill seeks to provide a coordinated services delivery system for neglected and abused children and their families by assigning a coordination function to the Director of the Center for the Prevention of Child Abuse.

2. The bill seeks to provide training for persons involved in the prevention, identification, and treatment of child neglect and abuse, and the dissemination of information on child neglect and abuse to the general public, in order to encourage the reporting, treating, and prevention of child neglect and abuse.

3. The bill establishes a "central registry" for reports of child neglect and abuse, with inbuilt safeguards to maintain the privacy and confidentiality of the records maintained. (See later comment.)

4. The bill expands the number of persons mandated to report instances of child neglect and abuse.

5. The bill provides for expanded, more comprehensive definitions of "child neglect" and "child abuse".

6. The bill requires that a child must be represented in any court proceedings by a "guardian ad litem".

7. The bill transfers the reporting requirements pertaining to child abuse cases from the D.C. Criminal Code to the D.C. Civil Code.

The positive aspects of H.R. 15779 are outweighed by those features of the bill which will hamper any efforts to effectively deal with the problem of child neglect and abuse. Section 101 establishes, as an independent agency of the District of Columbia government, a Center for the Prevention of Child Abuse. The Center is given responsibility for coordinating public and private resources for the protection of neglected and abused children; establishing and maintaining supportive services programs for families with child neglect and abuse problems; the training of personnel employed in the prevention, identification, and treatment of child neglect and abuse; and the preparation and dissemination of information pertaining to child neglect and abuse. Section 101 creates a major problem, which will hamper the ability of the Center to carry out its stated goals.

Title IV of the Social Security Act mandates the delivery of child protective services to recipients of public assistance and other persons with incomes sufficiently low enough to put them in danger of becoming public assistance recipients. Title IV also requires that there be a single agency responsible for administering public assistance, social services, and federal child welfare services funds. The D.C. Department of Human Resources is the agency charged with the responsibility for receiving and utilizing federal funds. An independent agency, charged with the responsibility for coordinating the protective services activities of the Department of Human Resources would be in direct violation of the provisions of the Social Security Act.

Requirements

In addition to the requirements of Title IV of the Social Security Act, Section 4(b)(2) of the recently enacted Child Abuse Prevention and Treatment Act (P.L. 93-247) sets strict standards which public welfare agencies must meet in order to qualify for research, training, and demonstration grants for the purposes of preventing, identifying and treating instances of child neglect and abuse. Even if the Department of Human Resources does not seek a grant under the provisions of the Child Abuse Act, there are requirements which all public agencies must meet as part of their protective services plan under Title IV of the Social Security Act. Specifically as a part of its plan for the delivery of child protective services the Department of Human Resources must:

1. "provide for the reporting of known instances of child abuse and neglect: (Sec. 4(b)(2)(B) of P.L. 93-247);

2. "provide for the prompt investigation of reports, and where neglect or abuse is found to exist, provide immediately for the protection of all children in the family at risk" (Sec. 4(b)(2)(C));

3. "provide methods to preserve the confidentiality of all records in order to protect the rights of a child, parents, or guardians" (Sec. 4(b)(2)(E));

4. "provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services" (Sec. 4(b)(2)(F)).

A synopsis of all the provisions of Section 4(b)(2) of P.L. 93-247 is included with this statement as Appendix B.

Oppose Any New Agency

One immediately notices that the requirements of P.L. 93-247, mandated for the Department of Human Resources, basically encompass the text of the bill H.R. 15779, which is being considered by the Subcommittee. Therefore, rather than creating a new independent agency of the D.C. Government for handling the problems of child neglect and abuse, this Subcommittee should utilize any new legislative vehicle for the purpose of bringing the Department of Human Resources protective services in line with the requirements of other pieces of Federal legislation (Title IV of the Social Security Act and Section 4(b)(2) of the Child Abuse Prevention and Treatment Act).

The prevention and treatment of child neglect and abuse requires the delivery of a full range of services to families and children at risk. Title IV of the Social Security Act provides the best opportunity to deliver such a full range of services. New legislation should supplement and strengthen the capability of the Department of Human Resources to provide child protective services.

As with the public assistance agencies in many States, Federal pressure has forced a shifting of public agency focus from the providing of child welfare services to efforts to hold down the increases in the AFDC roles. In the District of Columbia this effort has been reflected in the assignment of AFDC caseloads to former child protective services caseworkers. The tremendous expansion of the caseload (AFDC plus protective service) make it impossible for effective case work services to be delivered to neglected and abused children and their families. The Child Welfare League of America's *Standards for Child Protective Services* recommends a maximum caseload of 20 neglect and abuse cases for each caseworker.

AMENDMENTS PROPOSED

Rather than establishing an independent agency, H.R. 15779 should be amended to provide:

1. The existence of a child protective services unit within the Department of Human Resources, charged with the responsibility of strictly handling neglect and abuse cases;

2. Funding to train protective services workers, and hire sufficient workers to make minimal caseloads possible;

3. Incorporation of the previously mentioned positive features into the bill;

4. Sufficient funding to assure that the various disciplines are incorporated into the operation of the child protective services unit.

Section 201 of the bill H.R. 15779 requires the reporting of instances of child neglect and abuse to a "specially designated and trained nonuniformed unit of the Metropolitan Police force". The current District of Columbia child abuse reporting law also requires reporting to the Metropolitan Police Department, the only change in the law are the requirements that the unit be specially trained, specially designated, and nonuniformed members of the police force. Section 201 also gives the "specially trained, nonuniformed police unit the responsibility for preliminary investigation of reports of neglect and abuse.

It is the League's opinion that the protective services unit should be charged with the responsibility for receiving reports, and initiating investigations of neglect and abuse. Where instances of neglect and/or abuse are discovered, it is absolutely necessary for casework to begin immediately. Members of the Metropolitan Police Department, even those who are especially trained, unless they are trained to be social workers, are not social workers. Investigations by one agency, with subsequent referral to another (in the case of H.R. 15779, the Center) adds a bureaucratic layer of administration which would slow the initiation of casework services. Where it is deemed necessary for the Metropolitan Police Department to be involved in a neglect or abuse case due to a need to protect the child or children in question, or the investigating caseworker, or where criminal activities are suspected, the Police should accompany the protective services worker. However, the Metropolitan Police Department should be a supplement to the efforts of the protective services unit, not vice versa.

Section 102 of H.R. 15779 provides that members of the Metropolitan Police Department should have access to the files maintained in the Central Registry. We feel the Metropolitan Police Department should not have access to such records. Where criminal activities are suspected or found in a neglect and abuse case, the Corporation Counsel's access to the case file would be sufficient for any court proceedings which may ensure. Again, the Metropolitan Police Department is not to be the investigative unit in neglect and abuse cases. The Protective Services Unit will be able to report any suspected criminal activities to the Corporation Counsel's Office, thereby getting the law enforcement mechanism of the District government involved.

Section 301(b) of H.R. 15779 amends Section 2322 of Title 16 of the D.C. Code to set procedures for the termination of parental rights in neglect and abuse cases. The League suggests that the Subcommittee proceed slowly on this particular section of the bill, in order to assure that the rights of all parties concerned are fully protected, and that services designed to restore healthful, nurturing conditions in the child's home are provided prior to the time that termination proceedings are commenced. Due to the emotions stirred by neglect and abuse cases, the question of termination of parental rights should be considered in a broader con-

text of child welfare services, since termination has application in adoption, foster care, and juvenile justice proceedings.

Finally, H.R. 15779 does not provide an authorization for funds to carry out any of its provisions.

I have enclosed, for the Subcommittee's consideration, an outline of a legislative proposal which would meet the requirements of other Federal laws, and enhance the prevention, identification and treatment of child neglect and abuse cases in the District of Columbia. The outline is appended to this statement, designated as Appendix A.

TITLE I—CHILD NEGLECT AND ABUSE PREVENTION AND TREATMENT

SEC. 101 (a). Mandate the existence and operation of a child protective services unit within the Department of Human Resources;

(b). The protective services unit is to have a single purpose function (prevention and treatment of child neglect and abuse cases);

(c). The protective services unit is to cooperate with, and coordinate the law enforcement officials, courts of competent jurisdiction, and other appropriate public and private non-profit agencies, in delivering services to neglected and abused children, their parents and guardians (Sec. 4(b)(2)(F)—P.L. 93-247);

(d). The protective services unit is to maintain multidisciplinary specialists in accordance with Sec. 101 (d) and (e) of H.R. 15779;

(e). Where needed services are not available within the District of Columbia Government, the protective services unit is to contract with private non-profit agencies and organizations which do provide the needed services (Sec. 101(a) of H.R. 15779);

(f). The protective services unit is to provide staff training, develop and disseminate information on the nature of the problem of child neglect and abuse in the District of Columbia, procedures for reporting the same (where and how); and the availability and nature of treatment programs.

SEC. 102 (a). Establish a central registry for the receipt and maintenance of reports of child neglect and abuse (Sec. 102 of H.R. 15779);

(b). Provide procedures for maintaining the confidentiality of all information accumulated by the registry, with opportunities for all persons directly involved to expunge from the record any inaccurate information (Sec. 102 of H.R. 15779—eliminate Metropolitan Police Department access to the registry files).

TITLE II—REPORTING CHILD NEGLECT OR ABUSE

SEC. 201. Maintain reporting requirement of H.R. 15779; change agency to be reported to from the Metropolitan Police Department, to the protective services unit.

SEC. 202. Maintain basic language of H.R. 15779; change agency receiving the reports to protective services unit; Metropolitan Police Department to notify the protective services unit upon receipt of any report; Metropolitan Police Department to accompany protective services unit investigator when access to home is barred, criminal activity is suspected, or the life of the child or other siblings, or that of the investigator is in danger; and the protective services unit investigator has primary responsibility for the initial investigation.

SEC. 203. Maintain H.R. 15779 language.

SEC. 204. Maintain H.R. 15779 language.

SEC. 205. Maintain H.R. 15779 language.

SEC. 206. Maintain H.R. 15779 language.

SEC. 207. Some question as to whether or not this Section should be maintained in H.R. 15779, however, if it is strongly felt that the protection of religious freedom is of paramount importance, maintain H.R. 15779 language.

SEC. 208. Maintain H.R. 15779 language.

SEC. 209. Maintain H.R. 15779 language.

TITLE III—AMENDMENTS TO THE JUDICIAL PROCEDURE CONCERNING CHILD CUSTODY

Recommend make revisions of the D.C. Code relating to the parents representation by Counsel, and the appointment of a "guardian ad litem" for the child. Recommend holding all other matters relating to the termination of parental rights for consideration in a broader child welfare services context. Maintain

the language of Sec. 302 of H.R. 15779 giving the D.C. City Council the opportunity to act on child neglect and abuse legislation.

TITLE IV—AUTHORIZATIONS

Suggest either a separate title for spending authorizations, or the addition of separate authorization sections to each title.

Subsection 4(b)(2) of P.L. 93-247, provides that in order to receive a research, training or demonstration project grant, a State must:

(A) have a child abuse and neglect law in effect which includes provision for immunity from prosecution for persons who report incidents of child abuse and neglect in accordance with State or local laws;

(B) provide for the reporting of known instances of child abuse and neglect;

(C) provide for the prompt investigation of reports, and where neglect or abuse is found to exist, provide immediately for the protection of all children in the family at risk;

(D) demonstrate that there is an effective program, including facilities and personnel available in the State to assure that it can effectively deal with child abuse and neglect cases;

(E) provide methods to preserve the confidentiality of all records in order to protect the rights of a child, parents, or guardians;

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(G) provide that in every case involving an abused or neglected child which results in a judicial proceeding a "guardian ad litem" shall be appointed to represent the child in such proceedings;

(H) provide for the maintenance of effort on the part of the State in terms of funding existing child abuse and neglect programs;

(I) provide for the dissemination of information to the public with respect to the problem of child abuse and neglect; the facilities and prevention and treatment methods available to combat instances of child abuse and neglect; and

(J) to the extent feasible, ensure that parent self-help organizations receive preferential treatment for funding.

Public programs funded under Titles IV-A and B of the Social Security Act must comply with the requirements set forth in (B), (C), (E), and (F) above.

DISTRICT OF COLUMBIA CHAPTER,
AMERICAN ACADEMY OF PEDIATRICS,
Washington, D.C., August 9, 1974.

Hon. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and the International Community, U.S. House of Representatives, Committee on the District of Columbia, Washington, D.C.

SIR: Relative to your letter concerning hearings on Child Abuse legislation for August 14, 1974, although I do not feel a personal appearance would be useful, I should like the record to show that the District of Columbia Chapter of the American Academy of Pediatrics supports this legislation in principle. The Medical Society of the District of Columbia will file a written statement, in which we will also concur.

The timing of this legislation would seem to be inappropriate, however, since the new City Council which takes office in January 1975 would have the authority to enact such regulations, sparing the more complicated Congressional Action.

Sincerely yours,

ALLAN B. COLEMAN, M.D.,
Chairman: District of Columbia Chapter.

Mr. MAZZOLI. Unless there are any further questions or statements, we stand adjourned.

[Whereupon, at 2 p.m., the subcommittee was adjourned, subject to the call of the Chair.]

APPENDIX

STATEMENT OF CHIEF JUDGE HAROLD H. GREENE, BEFORE THE DISTRICT OF COLUMBIA SUBCOMMITTEE ON LABOR, SOCIAL SERVICES AND THE INTERNATIONAL COMMUNITY CONCERNING PROPOSED CHILD ABUSE LEGISLATION

I am pleased to submit, for the record, my views concerning the desirability of enacting either H.R. 15779 or H.R. 15918, both aimed at establishing an agency for the prevention of child abuse in the District of Columbia and providing certain procedures for the handling of cases involving child abuse and neglect.

In recent years public attention has focused more and more frequently on what appears to be a growing incidence of child abuse and neglect. In addition to the humanitarian aspects, this problem is one of particular concern to the courts as research suggests more and more strongly not only that abused children are very likely in turn to abuse their own offspring, but that abused children are also very likely to engage in other delinquent behavior both as juveniles and as adults. Early detection of and intervention in families where patterns of child abuse and neglect exist appears to be the most rational method of dealing with this problem in a way which both protects the child and enables the parent to deal constructively with whatever problems underlie his or her pattern of abuse or neglect. In the long run, of course, the goal of any program in this area is to reunite the family involved as a healthy unit wherever possible, or, where this is not possible, to attempt to provide another healthy family setting for the child.

Last year in the District of Columbia 204 cases of child abuse and 417 additional cases of child neglect were referred to the Superior Court. In these cases efforts were made to work with the family while maintaining the child in the home situation if that was possible or, if the protection of the child required the removal of the child from the home, to counsel the family with an eye toward returning the child to the home at the earliest possible time compatible with the best interests of the child.

As we attempt to deal with this serious problem, we have learned that the city's mechanism for dealing with abused and neglected children is often ineffective, partly because of a lack of adequate resources devoted to this problem, and partly, perhaps even more, because the available resources seem to be fragmented. I regard correcting this situation, either through strengthening of the present Child Protective Services within the Department of Human Resources both with the addition of personnel and with the addition of clearer authority for dealing with various aspects of child abuse, or through the creation of an independent agency, as the single most important step which can be taken in improving this city's ability to deal with the area of child abuse and neglect in an effective and coordinated way.

I cannot at this juncture assess which of these alternatives would be preferable. Important though it is, this is a relatively small problem in terms of the total numbers of children involved, and it may be that the creation of a separate agency for dealing with the problem would be counter-productive. What I think is most vital is assuring that the mechanism for handling this problem—even if it remains within the Department of Human Resources—will not be lost within the bureaucracy and will not be subject to dismantling. This could be assured either by the creation of a new agency, as these bills propose, or by mandating the continuation within the Department of Human Resources of the Child Protective Services, perhaps with an independent or semi-independent Director who would have specific authority to appeal directly to the Mayor or the City Council if he felt adequate resources were not being made available to deal with this problem. What is needed is that the child protection mechanism, wherever located, be accorded permanence, status, a clear priority claim on city resources, and clear authority to coordinate child protective activities occurring anywhere within the Executive Branch of the D.C. Government.

On this last point, the two bills under consideration apparently seek to give to the new agency some powers of coordination or control over the Social Services Division of the D.C. Superior Court in the handling of neglect and child abuse cases. While the court, including the Social Services Division, will, of course, cooperate fully with responsible city officials in developing mechanisms for the handling of this type of cases, as well as in the handling of specific cases, it is, in my opinion, highly inappropriate to seek to vest an executive branch agency with the power to control or coordinate judicial resources. To do so would contravene the basic tenets of the separation of powers—and would threaten the independence of the court system in dealing with specific disputed cases of child abuse or neglect in which the Government is a party. I strongly recommend that this language be deleted.

District of Columbia Code § 2-161, the present statute dealing with the reporting of child abuse, requires reports of such abuse only from physicians or health institutions, and the reports are to be made only to the Metropolitan Police Department. Both of the pending bills would expand the reporting requirement to cover, in addition to medical personnel, school officials, teachers, social services workers, and day care center workers, an expansion which I fully endorse. The bills provide, however, that the report may be either to the newly created Child Abuse Center or to a member of a specially trained unit of the Metropolitan Police Department. I believe that such an alternative reporting system would lead to confusion and for that reason I would prefer to see whatever agency is ultimately vested with primary authority in this area designated as the agency to which reports of abuse or neglect are made. Moreover, I would make clear that, in most cases, only an oral report would be required and that the responsibility for investigating such a report and preparing a written follow-up would be with the Child Protective Services and the Metropolitan Police Department rather than requiring, as the present statute does, a report in writing to follow the oral report. Both bills would require a written report only if the receiving agency so required. Both bills provide immunity from both civil and criminal liability to any person making a report, which I endorse.

Another section of both bills, however, provides for the waiver of any privilege, except the lawyer-client privilege, in proceedings in the Family Division of the Superior Court concerning a child identified as the subject of abuse or neglect. The concept of privilege in the Anglo-American legal system has been developed over many centuries to protect the relationships and confidences between certain categories of individuals such as husband and wife, doctor and patient, priest and penitent, and lawyer and client. These privileges were granted because of a value judgment that the interest in promoting openness and honesty in such communications is so great as to outweigh society's interest in learning, in the context of a special judicial proceeding, the specific content of any such communication. Thus, for example, in this jurisdiction, a husband or wife may choose to testify against the spouse in a civil or criminal proceeding, but may not be compelled by the Government so to do.

Although I certainly understand the concern which prompts seeking to prevent using privileged communications to interfere with protecting the welfare of an allegedly neglected or abused child who is before the court, I believe that this interest must be balanced against the kinds of concerns which underlie the entire concept of privileged communications. Thus, I would suggest adding a new section, perhaps designated as 204(b), stating "In any proceeding in the Family Division of the Superior Court of the District of Columbia in which the court determines, pursuant to Section 204(e), that a privilege is to be waived, evidence received from the waiver of the privilege or information developed from such evidence cannot be admitted in any criminal prosecution against the individual seeking to assert the privilege."

Section 102(a) of H.R. 15779 and Section 103(a) of H.R. 15918 mandate the development of a confidential central registry of cases of alleged child abuse or neglect, and define who shall have access to this registry. In neither case are the personnel of the Superior Court's Division of Social Services guaranteed access to the registry. Because of the central role these personnel play in the handling of child abuse cases I think it important that they be included in the list of persons who will be able to obtain information from the registry.

Perhaps the most important aspect of both of these bills, from the court's perspective, is contained in Title III which grants specific authority to the court to terminate parental rights in the case of a child who has been adjudicated either neglected or abused and placed in the custody of a department, agency or institution, so that the child may be placed for adoption, and which lays out specific factors for the court to consider in determining whether parental rights should

be terminated. Both bills retain as the basic criterion for determining whether to terminate parental relationships "the best interests of the child." Presently the clear statutory authority of the Superior Court to terminate parental rights is limited to adoption cases in which the court finds that consent has been withheld contrary to the best interests of the child (16 D.C. Code 304(e)(1973)). There is no clear authority for terminating parental rights without consent in any other proceeding although Superior Court Neglect Rule 18(c) provides:

The Division may enter an order for the permanent termination of parental rights where, after giving due consideration to the interests of the child's parents, guardian, custodian or other interested party, the court finds that such termination of parental rights is in the best interest of the child and is consistent with the law of the District of Columbia. No order terminating parental rights shall be entered until a factfinding hearing has been held and diligent efforts have been made to give notice of said hearing to all parties affected by such order. If parental rights are terminated, the Department, agency or institution to which the child has been committed shall have complete custody rights, including but not limited to the right to consent to adoption of the child.

Although to the best of my knowledge there have been no challenges to terminations under this rule, I do believe that in an area as important as severing family relationships, the court's authority should be grounded on clear legislative language enumerating the circumstances under which parental rights can be terminated without consent and the factors to be weighed in deciding upon such a termination.

Judge Orman W. Ketcham of the D.C. Superior Court has submitted to you some very thoughtful comments concerning this section and the procedures set forth under it; I have read his comments and believe that his observations are clear and cogent and that these proposed bills should be modified generally along the lines he suggests. I am particularly in accord with the suggestion that the likelihood of adoptive placement should be added to the list of factors which the court must consider before entering a termination order, and that a termination order not followed within some specified period by an adoption should be regarded as an interlocutory decree, subject to change if the circumstances of the child's natural family so warrant.

It is to be hoped, of course, that this legislation, operating in conjunction with the recently enacted legislation authorizing subsidized adoptions in the District of Columbia, will ultimately have the effect of greatly increasing the number of neglected and abused youngsters who are entered into permanent family situations and decreasing the number who are relegated to long term foster care even when there is no hope of reuniting them with their families. In balancing these factors, I come to a somewhat different conclusion than does Judge Ketchum as to the desirability of limiting judicial inquiries into the termination of parental rights for children who have been adjudicated as abused or neglected to those cases in which a request for termination is incorporated into the abuse or neglect proceeding. I do, however, share Judge Ketchum's concern that a requirement of holding a termination hearing in the case of every neglect or abuse adjudication, followed by semi-annual hearings thereafter, would pose a severe and unnecessary burden on the court. I would suggest, therefore, that the court would, as an initial matter, conduct termination hearings only in those cases in which a request for termination of parental rights was included in the abuse or neglect petition, but that, in any case in which a youngster had been adjudicated as neglected or abused and had remainded in the custody of a city agency for two years or longer without being reunited with his natural family, the court would conduct a hearing concerning termination of parental rights. Moreover, in such cases, I believe that the agency having custody should be required to make an affirmative showing either that there is a likelihood that the child will ultimately be reunited with his family or that attempts are being made to find an adoptive placement for the child.

H.R. 15779 contains a provision that the bill, if enacted, would be effective only for one year after enactment unless specifically extended by the D.C. Council. While I understand that this provision was undoubtedly included in an effort to intrude as little as possible on the perogatives of the D.C. Council under the new Home Rule legislation, I believe that the provision in H.R. 15918, indicating that the act should not be construed "as limiting the authority of the District of Columbia Council to enact any act or resolution, after January 2, 1975" is a sounder way of proceeding. The new Council will undoubtedly have many subjects to consider and to enact legislation which will be repealed simply by the Council's inaction would, in my opinion, only lead to confusion.

40-331—74——11

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA,
Washington, D.C.

STATEMENT OF THE MEDICAL SOCIETY OF WASHINGTON, D.C., WITH RESPECT TO H.R. 15918 AND H.R. 15779

THE DISTRICT OF COLUMBIA SUBCOMMITTEE ON LABOR, SOCIAL SERVICES AND THE INTERNATIONAL COMMUNITY.

GENTLEMEN: The Medical Society of the District of Columbia is pleased to have the opportunity to make the following comments regarding the above stated bills. The Medical Society of the District of Columbia is a component state society of the American Medical Association. It is the only state society ever chartered by the Congress of the United States. Its membership is made up of 3,000 physicians who practice in this metropolitan area.

This Society is in accord with the basic intent of H.R. 15918 and H.R. 15779. Dealing with the problem of child abuse requires a coordinated community effort of public and private agencies aimed not only at protection of the child, but more especially, the rehabilitation of parents. A great majority of the states throughout the country have enacted legislation similar in many respects to the proposed bills before you. We think that the District of Columbia should be one of these states.

As you no doubt know, public Law 89-775 enacted by the 89th Congress in 1966, provided the District of Columbia with certain basic requirements, as a first step towards the overall problem of child abuse:

(1) It established that physicians be required to report suspected instances of child abuse immediately to the agency legally charged with the responsibility of investigation.

(2) It established immunity from liability for physicians and institutions and other persons who report instances of child abuse.

(3) It established the principle that evidence in such cases is not privileged communication.

(4) It established other areas of authority for carrying out some of the provisions in H.R. 15779 and 15918. Therefore, these elements are already present by Law.

Areas which we believe need resolution, and which are incorporated in the above bills are as follows:

(1) The concept of a central registry.

(2) Protection of the child by means of continued hospitalization, supervision at home or removal from the home through family or juvenile court action.

(3) Priorities to allow for prevention, identification, and management aspects of the child abuse syndrome.

It is our knowledge that metropolitan area hospitals are presently in the process of developing child abuse teams to handle their own cases while the proposed bills would provide one team to service the entire city. In the light of past experience, we know there will be insufficient staff with which to take this approach, and that this will fragment treatment at area hospitals.

There is concern about identifying children who are at risk and are being abused. We are pleased that the bills being considered do provide for certain elements and procedures for identifying these childre..

We believe that these bills represent a giant step forward. However, in conclusion, we would raise only one very serious question: Whether or not there is sufficient need to create one more bureaucracy in order to implement the elements of the above bills. We believe that it is not necessary to create a separate central agency when in fact agencies and authorities now exist within the Department of Human Resources to implement the provisions of these bills. We would therefore, so recommend.

We thank you for the opportunity to present the Society's viewpoints on these two bills.

CLIFTON R. GRUVER, M.D.,
President.

HAPPY HILLS HOSPITAL,
Baltimore, Md., August 12, 1974.

MS. REBECCA MOORE,
Consultant, Subcommittee on Business, Commerce and Taxation, Congress of the United States, House of Representatives, Cannon House Office Building, Washington, D.C.

DEAR MS. MOORE: Thank you very much for copies of House Resolution No. 15779 and No. 15915 pertaining to child abuse legislation for the District of Columbia. You have asked me for my comments on these bills and I will take your request at face value and give you my comments for what they are worth.

My major reference will be to H.R. 15779 (Mr. Stark's Bill). Overall, I think that this is an excellent piece of legislation and well thought out, however, I do have some bones to pick. I cannot argue with the correctness of the Bill's definition of child abuse and neglect, but I am somewhat disturbed that there is no reference made to the problem of emotional abuse. As a physician, I recognize that this is a very difficult area to define, however, we are coming to the realization that emotional abuse constitutes perhaps an even greater problem than the more evident one of physical abuse. I would like to see some thought given to the inclusion of emotional abuse (with an attempt at definition) in a Bill such as this.

On page 4, lines 15 through 19, wherein the constitution of the team is described, I am disappointed to note the absence of Public Health Nurse and community involvement in the form of a "community aide" such as those used in the Denver programs and by our own team here in Baltimore. I am cognizant of the fact that "each multidisciplinary team may include additional persons" and I take this to mean that such persons might include the above-mentioned categories, but I am not certain as to why they should "not be employees of the Center" (line 19) since they would be a valuable integral part of any team. I could, at this point, clarify for you at great length the roles of these individuals, but that may not be appropriate in this letter. I will say, at least, that I am not sure which member of your team, as described in the Bill, will be going into the home and befriending these lonely, isolated families and helping them with their health and home care problems and such items as budgeting, cooking, cleaning, etc. These are imperative needs which must be met to alleviate the stresses within these families and they are not roles traditionally fulfilled by a social worker.

On page 5, line 5, a reference is made to the responsibility of the pediatric team member. I feel that it is inappropriate to specify and limit the pediatrician's responsibility to provide only for the *physical* condition of the child. As a pediatrician, it is my role to assess overall the physical and emotional problems of the child *and his family* and this does not constitute an invasion of the area of the psychiatric or psychological team member—it is simply the ordinary role of the pediatrician. I do not like Section (3) on page 5 since I think that it fixes (or at least attempts to fix) roles of team members in an inappropriate and unduly limiting fashion.

I do not understand the rationale behind lines 21 through 24 on page 5 since I cannot see a major conflict of interest in this particular situation. Who, better than the attorney employed by the Center to represent either the parents or the children in any legal proceeding (although I strongly feel that it is often the case that one attorney should not represent both interests)?

I am concerned with the large number of people given access to the confidential register described on page 6, particularly with the vague statement in lines 24 and 25, i.e., persons employed by the Center. I suppose that my concern is engendered by my very strong feeling about confidentiality and I would like there to be a more stringent limitation here.

I would like to express my extreme concern with the method of reporting in Section 202 of this Bill and reiterated in Mr. Fraser's Bill involving direct reports to "specially designated and trained nonuniformed members of the Metropolitan Police Force". We have generally found the police to be the least satisfactory agency to handle the initial stages of a child abuse investigation. I say

this, recognizing that the Bill provides for a "specially trained unit" (who would do the training anyway?), and I would suggest to you that this role would be much better filled by a member of a social work agency. Traditionally, this is the role of the Protective Service worker which by virtue of his background is far better equipped to handle this very touchy and difficult investigation with equanimity. There is no area in these Bills with which I disagree with more violently then this particular item. Further, I cannot find any precise statement of the interval of time required from the time of investigation to the time of filing this report. Is this an oversight on Mr Stark's part or mine?

There is a typographical error in line 13 of page 11, i.e., transit should read transmit.

As a third year law student, I would like to argue against the preservation of the lawyer-client privileges in these matters. The courts are attempting to discard the traditional privileges in revising and materializing the rules of evidence and I see no reason for preservation of the lawyer-client privilege alone. I say this recognizing that some of the authors of this bill are probably attorneys. It is the role of the court to find the facts, and preservation of this archaic privilege does not expedite this role.

In Section 206 on page 12 in lines 16 through 19, I believe that the category of osteopath should be included since you have seen fit to include that of chiropractor, either under medical and professional category or at least under the category "certain persons involved in child care." I would personally include physical therapists, occupational therapists and speech therapists on any list that I was composing.

On page 16, I am somewhat at a loss to understand the reason for allowing two years of delay between hearings for children over age 7. Should we delay in making final decisions for these children simply because they are older? Is it any less necessary for them to find stability? I think that this is patently wrong and I would suggest a length of one year between hearings for all ages over 1.

Concerning Mr. Fraser's Bill (H.R. 15918) I have some specific concerns. On page 13, Section 205, I am worried about the procedure described for obtaining photographs. No mention is made of consent and I wonder whether without consent, this may not raise a question of constitutionality, particularly in the area of invasion of privacy.

Section 206 on page 14 seems to me to be fine theoretically, however, I would wonder whether this really has any legal teeth since it seems to me that it would be very difficult to prove *willful* failure to file an abuse report.

I hope that some of my comments will be of use to you and I would be glad to further consult with anyone attempting to redraft similar Bills in the future.

Yours sincerely,

ROBERT CHABON, M.D.,
President/Medical Director, Happy Hills Hospital, Assistant Professor of Pediatrics, Johns Hopkins Hospital, Assistant Professor of Pediatrics University of Maryland Hospital.

THE WASHINGTON TEACHERS' UNION,
Washington, D.C., August 14, 1974.

HOUSE DISTRICT OF COLUMBIA SUBCOMMITTEE ON LABOR, SOCIAL SERVICES AND THE INTERNATIONAL COMMUNITY,
U.S. House of Representatives.

GENTLEMEN: I am William H. Simons, President of The Washington Teachers' Union, Local #6, American Federation of Teachers, AFL–CIO. Accompanying me this morning is Barry M. Spiegel, Legislative Representative for the Union.

I am appreciative of the opportunity of testifying on H.R. 15779, as I feel that this is a very important and needed piece of legislation. It relates to a problem that has been very much neglected. Child abuse is one of the most heinous crimes, one that is not limited to any particular economic, social or intellectual level, race or religion. It is one that usually leaves the victim, scarred for life physically, mentally or both and in some cases dead. It is one that affects the most innocent of us, the child and in most cases the infant child.

While this bill addresses itself to the many different problem areas involved in dealing with child abuse, I think one of the key provisions is that of requiring a person who has knowledge of this crime to report it.

Probably one of the most serious problems in criminal law enforcement and prevention today is the willfull failure of people to assist, i.e.; to file a complaint or testify, in a criminal case. In other words, deliberately avoiding involvement.

Even those persons who are connected with child care, apparently, are involved only to the extent of their own immediate responsibilities. As I see it, this bill would require one to look and act beyond one's own sphere of interest, i.e., the physician would not only have to deal with healing the abused child, but also with the prevention of a reoccurrence and the prosecution of the perpetrators, by reporting the case.

It is estimated that as many as two million youngsters are the victims of child abuse in the United States each year. That 500 to 1,000 children each year are beaten to death. However, no one really knows how many, since most child abuse goes unreported. Thus, most abused and neglected children go unprotected, and the parents are given the opportunity to continue their vicious actions.

Obviously, we cannot require everyone to report incidences of child abuse, but at least we can require of those persons most closely connected with children to do so. However, at the sametime, there must be definitive guidelines laid down for each of these groups as to the standards under which they would be required to guide themselves.

In the case of teachers, especially those who meet with different groups of students during a school day, the standard under which they would operate should certainly be less than that of, say a doctor. Since a teacher is exposed to more children than any other "child caring group," it is going to be more difficult for a teacher to discern that a child was subjected to some abuse; other than the normal knocks the average school child suffers. In addition, the large number of students a teacher sees also would exclude close scrutiny of every child, except in the most blatant and severe cases.

Of course, reporting cases is only one part of the problem. What is also needed, is treatment for the parent who neglects or abuses a child, coupled with a way to insure future adequate preventive measures that will help eliminate the pyschological and social environmental factors that foster child abuse.

I feel that the creation of a child abuse center is a step in the right direction. That once it is established, and becomes effective within the scope of the bills requirements, its responsibilities can then be extended to programs of prevention and rehabilitation.

Respectfully submitted.

WILLIAM H. SIMONS,
President, Washington Teachers' Union, Local #6, AFT.

THE TRAVELERS AID SOCIETY OF WASHINGTON, D.C., INC.,
Washington, D.C., August 28, 1974.

Hon. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and the International Community, U.S. House of Representatives, Committee on the District of Columbia, Washington, D.C.

DEAR CONGRESSMAN MAZZOLI: At first reading of the correspondence between Miss Hiatt, our Executive Director, and you I felt that H.R. 15779 adequately covered our concerns for the emotionally abused child. Your broad definition of neglect included emotional abuse which we have observed to be equally or, at times, more permanently disabling to normal development than physical abuse. On more detailed analysis we find one provision of the bill which we hope can be modified.

On page 3, lines 7 through 11 of H.R. 15779 the referrals to the proposed center are restricted "to the courts or other governmental agencies, or who voluntarily request treatment or counseling".

I am wondering if at line 8 page number 3 a clause might be inserted following "governmental agencies" to read "established voluntary agencies such as Travelers Aid of D.C.".

The transiency of our clients poses many problems and our inability to make direct referrals without parental consent would leave us helpless to use the proposed center; because the parent who is emotionally abusive or neglectful will rarely voluntarily request treatment, nor willingly relinquish the child for

evaluation and for treatment. If the police accept us as official referrents they might more readily be willing to take such a child to the center at our request and on our evaluation. Since emotional abuse is far more subtle to perceive than physical abuse, psychological and psychiatric evaluation is imperative in situations where the child is not physically battered. At present the police are required to make this preliminary evaluation prior to taking a child to protective setting and the police are not trained to assess emotional abuse. I know little about law and whether private agencies can be included as legal referrents, but I know from our experience with the police that they touch only the obvious abuses.

A case in point of the subtle abuse that can be so damaging is that of a young mother recently seen in our agency. She was 20 years old and had traveled constantly since the birth of her 2½ year old son, taking him with her. She had applied for and received welfare in several cities using her first check in each instance to go to another city. The longest period she had been settled since her son's birth was a 3-month stay in a midwestern city where Travelers Aid had attempted, unsuccessfully, to get her involved in counseling to work at the destructive results of her uprootedness on both herself and her child. When she came to D.C. she appealed to us for support until she could get on welfare here. She acknowledged that she did not intend to stay here. Her short interest span and unusual apathetic manner made us wonder if she was "high" on drugs of some kind. She denied it and we had no hard evidence to prove it.

Our real concern was for help for her little son. He was pale, extremely immatiated, listless and withdrawn. He did not know how to play, showed no normal interest in exploring our office. He presented the symptoms of extreme autism. His mother was not concerned and would not consider referral of any kind. We had learned from past experience that if we called the Youth Division of the D.C. police or 24-hour protective service they would look over the child for signs of physical abuse and would refuse to take him for protection and exploration of the damage. Thus, in this case we did not go through the motions of calling and having the police refuse to take him. Yet one shudders to speculate on the degree of damage already suffered by this little boy and the future consequences of the gross neglect that already makes him act as an automaton. This mother's protection is travel. There are no neighbors or relatives to force her into treatment and Travelers Aid lacks the authority to forcibly intervene. She has broken contact with us probably to move to another city.

In summary, a child who is being neglected or abused in the District of Columbia should have the right to protection here whether he is a local resident or is transient in the city. Very often Travelers Aid is the only agency the transient approaches and cannot intervene in their interest.

We see school age children who have never been to school. We see children used as pawns by their parents to force agencies and churches to assist them as they travel from place to place. Fortunately we do not see a large volume of gross abuse cases but when we do there is urgency for treatment.

I thank you for inviting our comments in behalf of emotionally abused and neglected children and hope that the unique needs of our transient clientele can be covered in H.R. 15779.

Very sincerely,

(Mrs.) Ruth E. Spurlock, ACSW,
Director of Program Service.

Children's Hospital, National Medical Center.
Washington, D.C., September 6, 1974.

Ms. Karen Fleischer,
Subcommittee Staff Consultant, District of Columbia Subcommittee on Labor, Social Services and the International Community, House Office Annex, Washington, D.C.

Dear Ms. Fleischer: This is to acknowledge the receipt of the request from the Honorable Romano L. Mazzoli, Chairman of the Subcommittee on Labor, Social Services and the International Community received by me on August 30, 1974 to submit to you supplemental information to my testimony before the Subcommittee on Wednesday, August 14, 1974.

At that time I was asked by members of the Subcommittee to elaborate further on the questions of 1. The organizational position of the Center for the Prevention of Child Abuse within the hierarchy of the District of Columbia government and, 2. The role of the community residents in the case management of the abused child.

1. The Organizational Position of the Center for the Prevention of Child Abuse in the District of Columbia Government.

I do not agree that this should be a component of the Department of Human Resources. Availability of vital service components for case and class management within that Department notwithstanding, I have heard no compelling argument to make me change my position that such a Center should not be located directly in and responsible to the Mayor of the District of Columbia. By the sheer number of issues that must be addressed by the Department of Human Resources, by necessity the problem of child abuse and neglect would not demand the top priority that it deserves.

The only circumstances under which I could see a Center for the Prevention of Child Abuse subsumed under any organizational component, would be the creation of a governmental unit again located at the highest level of the Executive Branch of the District of Columbia government whose primary and top priority would be addressing the needs and welfare of the children of the District. Such a unit could be identified as a Child Protection Agency, a District Office of Child Development or a District of Columbia Children's Bureau modeled after the Office of Child Development in the Department of Health, Education, and Welfare but being a potent force for children rather than the relatively impotency that characterizes the present O.C.D. and Children's Bureau in the Department of Health, Eduction and Welfare.

I do agree with Mr. Yeldell's call for less fragmentation and more coordination of services, since this has been a problem within the child, health and welfare field for many years. However, I do feel that this coordination should take place under the aegis of an agency whose top priority would be children and their families. Such an agency should of course have very strong linkages with the Department of Human Resources and the Directors of such agencies should be at a peer level. Such an agency should also have the resources and the influence to assure that the legitimate needs of children will be met.

Therefore, I recommend that the Center for the Prevention of Child Abuse be an autonomous organizational entity directly responsible to the Mayor of the District of Columbia with strong linkages assured to the Department of Human Resources and the assurance of adequate influence and resources to accomplish its mission. Hopefully, in the future such a Center would become part of a major high level governmental agency whose primary mission would be addressing the total needs of our children and youth.

2. The Role of Non-professional Community Residents in the Management of Cases of Child Abuse.

At every point in a decisionmaking process that may eventually result in the dissolution of a parent-child relationship, there would seem to be a critical need for input into that process that was sensitive to and knowledgeable of the varying culturally related childrearing practices. I am certain that the majority of child abuse teams in this country do not have this kind of input because of the ethnic and cultural differences between the professionals delivering the services and those being served.

We have accepted the concept of the guardian ad litem in the adjudication process but I am suggesting that a similar guardian ad litem make input in the pre-adjudication process, at the point in time when the child may be first removed from the home.

Of course this step would not be necessary if there were adequate numbers of minority group professionals to meet this growing need.

I believe that this covers the two major points I was asked to respond to during the hearings. I will be more than happy to be of further assistance if I am needed.

Very truly yours,

FREDERICK C. GREEN, M.D.,
Associate Director.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA,
Washington, D.C., September 13, 1974.

HON. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Service and the International Community, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN MAZZOLI: Thank you for your letter of August 30 inviting me to submit a statement for inclusion in the record of the August 14 hearings on child abuse legislation for the District of Columbia, namely H.R. 15779 and H.R. 15918. I regret being out of the city and on my way to a judicial assignment at the behest of the National Center for State Courts on the day of your hearings. My original interest in the subject of termination of parental rights has a long history based on fourteen years on the bench of the D. C. Juvenile Court. It culminated in my letter to your colleague, Congressman Gilbert Gude, on June 18, 1974. Enclosed is a copy of this letter and of the accompanying judicial opinion which I wrote earlier this year involving the termination of parental rights and adoption of a child.

Although I support Titles I and II of H.R. 15779, my particular interest involves Title III. This proposed legislation is the first serious attempt to spell out in statutory language certain judicial steps that must be taken in cases where the termination of parental rights is sought. I am in favor of the principle of Title III of H. R. 15779 which establishes standards for judicial termination of parental rights.

However, I believe that Title III needs amendment in certain respects. As presently drafted Section 2322 (g) provides for a hearing to consider termination of parental right in *every* case of a child adjudicated neglected or abused and also provides for subsequent repeated hearings semi-annually in all such cases. The Annual Juvenile Statistical Report for fiscal year 1973 shows there were 651 such adjudications in that year. S. R. A. records will further indicate that there are now more than 5,000 children being provided for as neglected or abused children by the D. C. Department of Human Resources. The burden of such mandatory semi-annual hearings in all cases will be serious for the Superior Court and ought to be carefully considered before being imposed by legislation.

I recommend that the presently proposed Section 2322 (h) be redesignated as subsection (g) with the present subsection (g) following as subsection (h). The new provision (h) would then state, as a preamble, "*If a request for termination of parental rights was incorporated in a petition for abuse or neglect as provided for under subsection (g) above, a hearing shall be held.*" This would avoid the necessity of holding hearings in all cases of abused or neglected children and would limit the judicial process to those cases where termination of parental rights was requested.

A vital factor to be considered by a judge in determining whether to terminate parental rights is the prospective placement of the child through adoption or in a foster home. In my 17 years of judicial experience on the Juvenile Court and in the Superior Court often dealing with neglected and abused children, I have found there is a tendency to consider the termination of parental right punitively and in a vacuum, without comparing the child's present situation to his prospective placement if parental rights are terminated. This has frequently been done because of an exaggerated concern for the privacy of adoption proceedings. I seriously believe that a judge should not terminate parental rights of a child without considering whether or not he can or will reasonably be expected to be adopted. Thus I would suggest adding as factor (5) to the proposed Section 2322 (g) the following: "(5) Whether or not the child may reasonably be expected to be adopted into a more adequate family situation if the child's existing parental rights are terminated."

Probably the most significant amendment to Title III which I recommend relates to the judicial procedures in subsection (i) designed to insure adoption of the child. Proposed Section 2322(i) is an ex post facto method of requiring the Department of Human Resources or other agency to follow through on its promise to place the child for adoption. All too frequently judges are persuaded to terminate the parental rights of a child, but the hoped-for adoption never materializes. Instead of a provision such as Section 2322(i),

I recommend to you that the legislation be redrafted so that the Court may enter an interlocutory decree terminating parental rights on condition that the

child be adopted within a given period of time (perhaps six months or one year). I realize that the long history of adoption and the complementary process of termination of parental rights has always dealt with such judicial matters as final and irrevocable. I think this has been unwise and has often created situations in which the child's best interests have been seriously harmed by a well meaning decision to terminate parental rights which did not result in the child being adopted. Since the first action was intended to be coupled with the adoption, I believe it could have and should have been an interlocutory judicial action. Under present procedures there is no responsible way to undo the mischief if the termination of parental rights was effected and the adoption does not come to pass. I believe that the responsible use of interlocutory decrees in such matters has considerable precedent in both legal and social procedures and recommend that you consider redrafting the provision accordingly.

In conclusion, I am pleased to see that Congressmen Stark, Stuckey and Fraser in their bill (H.R. 15779) have begun to wrestle with the difficult problems of judicial termination of parental rights and have set forth some beginning standards for its application by judges. Although Title III is included in a bill which deals chiefly with child abuse, it seems clear that the procedures proposed are generally applicable to all cases where children are found to be neglected or abused and need to be removed from their existing family situations. I sincerely hope that you will provide further opportunity for myself and other interested persons in the judicial, legal and social fields to express their views as to what standards of due process should be established for the exercise of the awesome judicial responsibility of terminating parental rights of a child.

Sincerely yours,

ORMAN E. KETCHAM.

APPENDIX TO TESTIMONY OF AUGUST 14, 1974, SUBMITTED TO THE COMMITTEE ON THE DISTRICT OF COLUMBIA REGARDING H.R. 15779 AND H.R. 15918, SEPTEMBER 16, 1974

Submitted by: Dr. Annette Heiser-Ficker and Mrs. Barbara Steele, MSW, the Child Abuse Team, Children's Hospital National Medical Center.

During the oral testimony of August 14, you requested a profile of a family situation in which a child was considered in imminent danger of abuse at which point emergency removal of the child from that family should be considered. In response may I refer you to the attached "Guidelines for Early Recognition of Neglecting, Battering Families" and to the book by Kempe and Helfer, *Helping the Battered Child and His Family*. Most relevant chapters in the book are 1, 4, 5, 15, 16 and 17.

We find the observations noted in the "Guidelines" and in the book generally helpful and valid in our assessments of families. We would however caution against isolating one or two observations as sufficient evidence of a dangerous environment for a child; observations must be considered in the context of all information known about that child and that family. Please note Chapter 1 of the book for a discussion of criteria for safe return of a child to its family.

With regard to even earlier prediction of children at risk for abuse and/or neglect there has been some interesting work. Included in this is the Predictive Questionnaire also reported in *Helping the Battered Child*. . . . Appendix A.

Looking to the issue of termination of parental rights, which is given appropriate attention in H.R. 15779 and H.R. 15918, I would make several points. It is very proper that an eventual law address this issue in order to prevent the children we 'save' from remaining in the limbo of temporary foster care until adulthood. A court review to consider termination of parental rights should be held within 6 months of removal from the parents' custody regardless of the age of the child. Such review should carefully consider the individual situation. A common consideration should be whether the parents show some capacity to change the family environment through services appropriately and genuinely made available to them. A time period of such change can however, only be determinated individually with respect given to the child's age and developmental needs.

Again, we appreciate the opportunity to present our views on this long awaited legislation.

Guidelines for Early Recognition of Neglecting, Battering Families

EXTRACTED FROM: "TOWARD PREVENTION OF CHILD ABUSE"

(By: Marion G. Morris, Robert W. Gould, Patricia J. Matthews)

(CHILDREN, March-April 1964)—Information Bulletin, M.C.D.S.S., February 1974.

Guidelines for Early Recognition of Neglecting, Battering Families

I. Contrasting attitudes and reactions between nurturing, protective parents and battering parents upon admission of their child to a hospital for treatment of injuries.

A. *Typical reactions and attitudes of protective parents to children's injuries:*

1. Are voluble and spontaneous in reporting details of child's illness or injury.
2. Show concern about the treatment.
3. Show concern about the degree of damage.
4. Show concern about the possibility of residual damage.
5. Exhibit a sense of guilt. The younger the child, the more guilt the parents feel for not protecting him. Guilt and remorse are felt even when the parents have had no part in the child's injury.
6. Ask many questions regarding the prognosis of the child's condition.
7. Have difficulty on detaching from child on admission.
8. Attempt restitution through frequent visiting, toys and other gifts, in apology to the child.
9. Ask questions about discharge date.
10. Ask questions regarding follow-up care.
11. Identify with the child's feelings, both physical and emotional, when he is injured.
12. Are positively related to the child.

B. *Typical reactions and attitudes of neglecting, battering parents to children's injuries:*

1. Do not volunteer information about the child's illness or injury.
2. Are evasive or contradict themselves regarding the circumstances under which the child's condition occurred.
3. Show irritation at being asked about the development of the child's symptoms.
4. Critical of the child and angry with him for being injured.
5. Give no indications of feeling guilt or remorse regarding the child's condition.
6. Show no concern about the injury.
7. Show no concern about the treatment.
8. Show no concern about the prognosis.
9. Often disappear from the hospital during examination or shortly after the child is admitted.
10. Tend not to visit the child in the hospital.
11. Seldom touch the child or look at the child.
12. Do not involve themselves in the child's care in the hospital.
13. Do not inquire about the discharge date.
14. Ask to have child home only when interrogation has frightened them.
15. Do not ask about follow-up care.
16. Shows concern not about the child but about what will happen to themselves and others involved in the child's illness or injury.
17. Maintain that the child has injured himself.
18. Act as though the child's injuries are an assault on them.
19. Fail to respond to the child or respond inappropriately.
20. Give no indication of having any perception of how a child could feel physically or emotionally.
21. Constantly criticize the child.
22. Never mention any good quality in the child.
23. Show no conception of the rights of others.
24. Are preoccupied with themselves and the concrete things in life.
25. Are often neglectful of their own physican health.
26. Exhibit violent feelings and behavior and in interviewing reveal that this was a pattern in their original family.

27. Reveal in the interviewing that they are concerned about having been abandoned and punished by their own parents and are longing for a mother.
28. Show overwhelming feelings that they and their children are worthless.

C. Typical forms of behavior of well-nurtured children in a hospital:

1. Cling to parents when they are brought in.
2. Turn to their parents for assurance.
3. Turn to their parents for comfort during and after the examination and treatment.
4. Constantly show by words and action that they want their parents and want to go home.
5. Are reassured by their parents' visits.

Children in this group do not have the total situation under inspection at all times for safety's sake. They find safety in their parents.

D. Typical forms of behavior of neglected and battered children in the hospital:

1. Cry hopelessly under treatment and examination.
2. Cry very little in general.
3. Do not look to parents for assurance.
4. Show no real expectation of being comforted.
5. Are wary of physical contact initiated by parents or anyone else.
6. Are apprehensive when other children cry and watch them with curiosity.
7. Become apprehensive when adults approach some other crying child.
8. Seem less afraid than other children when admitted to the wards and settle in quickly.
9. Seem to seek safety in sizing up the situation rather than in their parents.
10. Are constantly on the alert for danger.
11. Are constantly asking in words and through their actions what will happen next.
12. Are constantly in search of something: food, favors, things, services.
13. Ask, "When am I going home?" or announce, "I'm not going home," rather than crying "I want to go home."
14. Assume a flat "poker face" when discharge, home is mentioned or taking place.

In general, cared for children turn to their parents for safety in life. Neglected and battered children endure life as if they are alone in a dangerous world with no real hope of safety.

II. Sample questions designed to evaluate margins of safety for child under parental care and probability of recurrence of neglect and/or abuse:

1. What is a parent's own estimate of current life needs as they are filled or threatened by children's need for care?
2. Did this parent have positive role connections with society before his parenthood?
3. What are this parent's feeling about his own childhood?
4. What are this parent's feelings about his own parents?
5. Has this parent ever identified with the nurturing parent role?
6. How strong is this parent's motivation to be connected to society by a social role? which role? as an adult "child," a worker, a parent?
7. How does this parent respond to a child's everyday needs? as natural and acceptable? as simple interference? as assaultive and oppressive?
8. Does this parent attribute irrational degrees of motivation, responsibility and judgment to an infant or a young child?
9. Do these parents expect a child to protect *them* instead of their protecting *him*?
10. Does this parent admit any responsibility in the child's neglect and abuse?
11. Is this child held completely responsible for the neglect and abuse?

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
September 19, 1974.

HON. ROMANO L. MAZZOLI,
Chairman, Subcommittee on Labor, Social Services and the International Community, Committee on the District of Columbia, House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: This is in response to your request of July 10, for a report on H.R. 15779 and related measures, a bill "To establish an agency for the prevention of child abuse in the District of Columbia, and for other purposes."

This bill would authorize the establishment of a Center for the Prevention of Child Abuse to coordinate efforts of all public and private resources in the District of Columbia to protect the health, safety and welfare of the child concerned, to prevent further abuse, and, whenever possible, to preserve the existing family unit. The Director of the Center is directed to establish and maintain a supportive program for families, to establish and maintain training and information programs for professionals and the public, and to file an annual report. The Center staff must include at least one full-time multidisciplinary team of experts and an Office of General Counsel. Persons may come to the Center voluntarily for treatment or counselling in matters related to child abuse or neglect. The Center is to maintain a confidential registry of alleged child abuse or neglect and cooperate with State and local agencies in the development of regional and national registers. H.R. 15779 also provides for a fair hearing to guarantee a person's right to have a record amended, sealed or expunged.

The bill further requires that medical personnel, school officials, teachers, social service workers and day care center workers must report suspected abuse of a child under 18 years of age to the police or the Director. However, any person may report suspected abuse. The special police unit must be notified of all reports; the unit then must promptly investigate and report its findings back to the Center. There is a standard immunity from liability clause, a waiver of the privileges of confidentiality between husband and wife and between professional persons (except lawyer-client) and a criminal penalty for failure to report. Also, the bill defines numerous terms including "neglected child" and "abused child." Its final provisions are amendments to the judicial procedure concerning child custody.

H.R. 15779 has as its objective the achievement of a coordinated and cooperative effort of all resources, public and private, in the District of Columbia. However, by authorizing a separate Center, it raises the question of whether the District would continue to meet the requirement of a single State agency for eligibility for funds under title IV–A of the Social Security Act. We believe that the sections of the bill providing for an annual report by the Center Director and the provision of training and information programs are commendable. It is also noteworthy in providing for self-referrals. As for the amendments to the judicial procedure concerning child custody, these provisions are foresighted and progressive. The bill mandates the assignment of a guardian ad litem for the child. However, it is our opinion that it would be preferable to require the assignment of a lawyer to represent the interests of the child.

The provisions in the bill for expungement, sealing, and amendment of material in the register are unclear and seem disconnected. Also, the provision granting access to the registry information by any person identified in the report excludes any provision for withholding certain identifying information about persons cooperating in the investigation. This omission is potentially dangerous.

With respect to reporting suspected incidence of abuse and neglect, the bill permits reporting either to the police or the Director. Consideration should be given to requiring that reports be made to one agency to avoid fragmentation of responsibility. Also, the provision permitting reporting by outsiders is limited to abuse and should also include neglect.

We feel that the non-criminal nature of child abuse and neglect should be emphasized and, therefore, that social workers rather than police should make all preliminary investigations. Particularly in neglect cases, police investigations do not seem appropriate. The responsibility of determining the causes of abuse and neglect, determining the stability of the family, and the quality of home environment and relationship of the child to parents or persons responsible for care is that of the social worker rather than the police.

Consideration should be given to deleting the requirement of a judicial decision by the Family Division of the Superior Court in the waiving of the privilege of confidentiality since, in most States, this is automatic. While there is a criminal penalty provided in the bill for failure to report, a civil liability should also be considered.

The definition of persons required to report should be expanded to include law enforcement, police and peace officers. Similarly, the definitions should include the age of a child, with consideration given to conforming this bill with the provision of P.L. 93–247 by setting the age at 18 years. If, in the definition of the category of persons alleged to have neglected children, it is the intent to reach paramours and others regularly in the child's household, the definition needs to be broadened. Care must be taken, however, that such a broadened

definition not include persons such as school teachers and child care workers who regularly come into contact with the child and have no affirmative legal obligation not to neglect children. The definition of "abused child" is too broad in including all physical injury. The terms "serious physical injury" or "intentional injury" would be preferable.

The Department supports efforts to improve the capability of the District of Columbia in dealing with child abuse and neglect. While we support the general purpose of this legislation, there are a number of minor substantive and technical problems in H.R. 15779, and I would be pleased to make the staff of the Department available to the Committee in attempting to resolve those problems. However, on the question of the desirability of enactment of this and related bills, the Department defers to the Government of the District of Columbia.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

CASPAR W. WEINBERGER,
Secretary.

O